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ABSTRACT

This manual, the first of a three-volume series on counseling older adults, is designed to assist teams of counselor educators, aging network staff, continuing education professionals, and service providers to plan, develop, implement, and institutionalize basic helping skills programs for older adults. The first unit provides background information and a brief overview of the various fields of knowledge and practice that underlie the process of developing continuing education programs in gerontological counseling. The second unit covers the steps in planning, developing, and implementing training programs, and provides a checklist for program planners and a list of related readings. Unit 3 describes useful, action-oriented strategies for meeting the challenges of launching and institutionalizing training programs, including needs assessment, funding, advocacy, and tailoring programs for specific settings such as area agencies on aging, adult day care and long term care facilities, nutrition sites, and hospices. Unit 4 features descriptions of exemplary programs. Unit 5 provides background information useful in understanding events leading to the development of this manual and the training program planning processes described. The appendices provide a directory of regional offices on aging, state agencies on aging, and regional education and training program offices; state mental health program offices; and state departments of education. (JAC)

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COUNSELING OLDER PERSONS

Volume I

GUIDELINES FOR A TEAM APPROACH TO TRAINING

ED250591

Jane E. Myers
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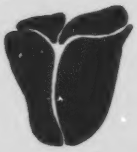
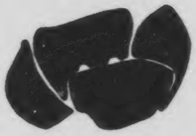
The logo depicted below and on the back cover was commissioned originally by Mary L. Ganikos to be the logo of the Special Training Project on the Aged, APGA's first Aging Project. The symbol depicts three stages in the life cycle of a flower. An analogy can be made easily between this logo and the life cycle of a person, with life in full bloom in older adulthood.

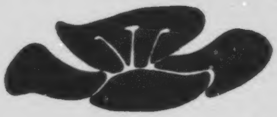
We have maintained this logo for the National Project on Counseling Older People; however, we are using it in a slightly different way. Each flower or stage of the flower's development is associated with one of the manuals in this three-volume set.



The flower in its bud stage is associated with *Volume I, Guidelines for a Team Approach to Training*. This reflects our firm commitment to the belief that a team approach is vital to the successful development of ongoing training programs.

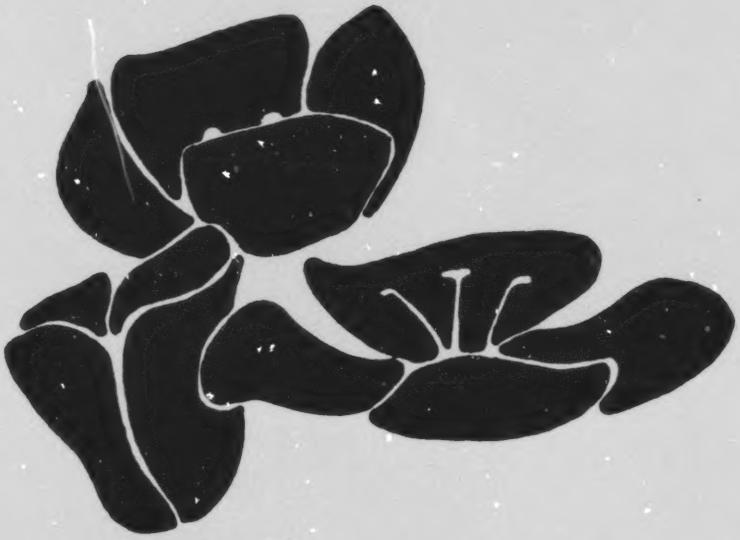


The flower beginning to bloom is associated with *Volume II, Basic Helping Skills for Service Providers*, and reflects an awareness of the vital and growing needs of service providers to older persons for training in basic helping skills.



In full bloom, the flower is paired with *Volume III, A Trainer's Manual for Basic Helping Skills*, to signify that the training program developed by the team for service providers will reach fruition with the input of skilled and knowledgeable trainers.

As is true of the life cycle of the flower shown below, all three parts are necessary for a complete whole to exist. These three manuals are designed to be used as a set. We hope you will use each to most advantage in your situation.



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COUNSELING OLDER PERSONS

VOLUME I

GUIDELINES FOR A TEAM APPROACH TO TRAINING

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DEDICATION

To all the persons who have sought to
improve services to older people through
providing helping-skills training

MANUAL DEVELOPMENT AND ACKNOWLEDGMENTS

The development of this manual in many ways paralleled the development of the National Project on Counseling Older People. It began with an advisory board meeting to identify critical steps in program planning. These steps were offered as guidelines for program development in the 10 regional workshops where more than 400 participants began their program planning process. These same steps, refined in light of input from the regional planning teams, were reviewed by the advisory board as the exemplary program criteria were developed. The advisory board's input was used to develop their outline for the contents of this manual. They also served as a panel of experts who reviewed the drafts of each unit.

Many people and agencies were responsible for the ultimate development of this project, and this manual, which results from the project. It would be an impossible task to thank each of them. Special thanks are extended to each of the following persons:

- the project advisory board, listed elsewhere in this manual, for assistance with conceptualization, selection of authors, and review of manuscripts
- the pilot teams from Maryland who helped the project staff refine the workshop format and program development process
- the many teams of counselor educators, area agency on aging representatives, state unit on aging staff, and others who attended the regional workshops and developed communication skills training programs for service providers
- Lee Richmond, Barbara Engram, Jim Oberle, Nancy Pinson, for their help in arranging and conducting the pilot workshops
- Sandra Fisher and Sean Sweeney from the Administration on Aging, for their leadership in relation to this project and for their direct and helpful input
- Jane Howard-Jasper, Charles Lewis, P. J. McDonough and other APGA staff, for their technical advice, support, and encouragement
- the AoA Regional Program Directors and Regional Education & Training Program Directors, for their assistance with recruitment of participants for the regional workshops and for their support of teams in their respective regions
- the hosts and satellite hosts for the regional workshops, for their assistance with logistical planning coordination and recruitment of participants
- the national trainers who assisted with the conduct of the regional workshops
- the authors who devoted much time and energy to making this manual useful and informative
- Edith Dumouchel, Louise Hirst, Nancy Freiert, and Ruth Rolston, for assistance in typing manuscripts
- George Cleland, for his dedication, perseverance, and good humor in the face of great obstacles to the editing process
- Jerry Myers, Gerry Garner, Bruce Fried, John Graves, Virginia Graves for personal support to the editors throughout the project and manual development.

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PREFACE

The American Personnel and Guidance Association (APGA), particularly over the past four years, has undertaken directly and forthrightly to incorporate information about aging into the preservice training of counselors. The work of the association has led to a significant expansion in the number of higher educational institutions offering coursework and specialization in aging. For the first time older persons can begin to expect the rendering of counseling services based on an understanding of their needs and with a growing assurance of professional competence and compassion.

The good sense of APGA's approach and the quality of its performance is reflected in the continuing support extended to it by three successive United States Commissioners on Aging. The products reflect the complete professional dedication of the aging project staff and those association members who have contributed to the publications and the educational programs that have been initiated.

In keeping with this commitment, APGA now has taken another giant step in service improvement by producing three companion publications targeted specifically at counselor educators, aging network administrators, and a diverse group of direct service providers. Three general observations deserve mention and commendation. First, the association, in producing these publications, is now reaching beyond itself in an unusual way. It will be reaching formal and informal service communities with which its own members must work cooperatively. It is lending the accumulated knowledge and skills of the profession to others in such a way as to enhance significantly the quality of services. Second, the rare and unending commitment of the multidisciplinary team approach enriches both the publications and the resulting educational service programs of those who adopt the implementing suggestions. Finally, the development of the publications and the exemplary programs so incorporate the team approach as to leave in place a cadre of highly motivated professionals who will gladly assist anyone seeking to build a new program.

This publication, *Counseling Older Persons: Guidelines for a Team Approach to Training,* neatly assembles those often forgotten rules and bits of information necessary for developing and implementing a successful program. It is equally usable as a refresher by the old pro and as a practice guide for the novice. The authors have managed to reduce professional jargon to readable prose. The *Guidelines* and the companion publications should be reviewed as programs are being planned, not after they have failed. This planning really needs to begin on the national level.

In recent years we have become obsessed with pursuing social improvements via legislative and judicial interventions. Statutory mandates and court judgments are indeed powerful instruments for changing the status quo; however, the social and political conflicts over the issues are intense. They galvanize and polarize constituencies and take on a touch of glamor when the news media, trade press, and politicians become involved.

Without intending to demean the obvious importance of legislative or judicial intervention as a means to seek change, there is a very good reason to exercise some caution before rushing down this solitary, winner-take-all road. This strategy is not always necessary and it is never sufficient. Twenty-seven years have passed since the United States Supreme Court ordered schools desegregated in the hopes that educational opportunities for minorities would be improved. Progress has been slow and incomplete, at best. In addition, a singular obsession on legislation and appropriations as *the* solution can create a state of autistic paralysis. (Translation: a belief or a state of mind which so concentrates personal or group energy on one solution that alternative courses of action are deemed inadequate or inappropriate.) We all have been guilty of concluding that nothing worthwhile can be done without a law or an appropriation.

The genuine professional association has another course of action available to it: to incorporate into its branch of science the growing field of knowledge and practice skills, to assure that the body of persons engaged in the profession are learned, unbiased, and professional in their service to other persons. In fact, it is a central obligation of any professional association.

Many organizations have fallen into the autistic paralysis trap, finding it self-serving or more convenient to join the advocacy group chorus than to attend to the responsibilities and obligations of their professions. The fine line between professional association and trade union also becomes increasingly fuzzy. Although legislative or judicial goals and self-interest goals are sometimes appropriate, they cannot replace the energy and commitment needed to maintain professional responsibility, lest we rightly be accused of professing too much. In all truthfulness it must be said that, in the United States, we have generally made more progress passing laws and securing resources to serve older people than developing professionals or professionalism to render services. The American Personnel and Guidance Association, with funding from the Administration on Aging, has sought to change this situation.

Amidst the clamor and crash that accompanies government service, one is able to identify a handful of good decisions and excellent work that has been well executed. This effort is one in which the government and APGA can feel well-satisfied. It is due in large part to a persistent Administration on Aging staffer, Sean Sweeney, to APGA's Executive Vice President, Charles Lewis, and to his dedicated staff and project team of Mary Ganikos, Jane Myers, Carolyn Graves, Pamela Finnerty-Fried, and Beulah Blinder.

Robert C. Benedict, MPA
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INTRODUCTION TO TRAINING PROGRAM PLANNING

This manual is designed to assist teams of counselor educators, aging network staff, continuing education professionals, and service providers to plan, develop, implement, and institutionalize basic-helping-skills training programs. The goal is to provide a useful planning framework for those who wish to develop training programs. This instructional material is intended for use in a variety of community organizations and settings, and for inclusion in academic courses as well.

Awareness that persons providing services to older people could benefit from training in communication skills led to the development of the National Project on Counseling Older Persons. Over a two-year period this project developed and tested instructional material, and implemented a national dissemination strategy to facilitate the development of training programs for service providers in aging. These training programs were intended to provide training in basic communication skills for a variety of service providers, volunteers, and peers, and to provide more advanced training in counseling skills for some of those trained. In addition to developing curriculum materials for use in these programs, the project has developed and refined a methodology for program planning, with input from the numerous local program planners and service providers involved in the project. Thus, this manual is in every way the culmination of a variety of efforts on the part of many people. The project origins and history are described in detail in Unit V. This introduction provides an overview of the uses of this manual and the contents of the various units and sections.

USES OF MANUAL AND TEAM APPROACH

This manual brings together the various program strategies and techniques for program planning that were defined at the inception of the National Project on Counseling Older People and refined through interaction with the various teams as they developed and implemented their programs. This is not a counseling or communication skills training manual, but a program planning manual. Individuals and teams using this guide for planning and implementation are encouraged also to review other materials developed by the project that may be used for the actual skills training. These include *Counseling Older Persons (Volume II): Basic Helping Skills for Service Providers,* which is a text for use in teaching communication skills to service providers who work with older persons, and its companion *Counseling Older Persons (Volume III): A Trainer's Guide for Basic Helping Skills.*

This manual (Volume I of the three-volume set) is designed to assist in the planning of continuing education programs in gerontological counseling, and addresses those concerns counselor educators, aging network administrators, and service providers developing programs might have. The success of many of the programs described in this manual appears to be related to the use of a *team* approach to program planning and implementation. (This approach is described more fully in the last section of Unit I.) When the audience for training program development is mentioned, a team is envisioned as the most promising target group. Training service providers in aging to be more effective communicators requires knowledge of older persons, of the aging network and its services, and of counseling or helping skills and the training process. Ideally, representatives of each of these spheres would be involved in the program planning process in order to maximize its effectiveness and usefulness. Thus the target audience of this manual is a team made up of members with a variety of experience and expertise. Alternately, an individual applying the suggestions in this manual quickly would find the development of a team to be inimical to the success of a proposed program. Specific groups who might choose to use this manual could include aging network personnel, persons in the mental health network, educational institutions, professional or fraternal organizations, self-help groups, and various combinations of these.

It is becoming more and more common, especially in large social service agencies, to provide training in-house, rather than contracting for training with educational institutions. This type of training is typically called staff development, and one or more employees are assigned the full time task of providing it. Such training is actually a form of continuing education, and the procedures for program planning described in this manual are applicable to staff development components of most agencies. The team approach will still be most effective for in-house programs, since the planning process, including needs assessment, recruitment, publicity, and so forth will remain intact.

This manual provides general guidelines and is not in any sense comprehensive or exhaustive. General program development concerns are addressed, and the focus is on the *process* rather than on program content. The guide may be useful in other types of programs beyond the skills training programs described because much of the information is general and widely applicable. All of the programs described in this manual have been developed in response to local needs, and those who use this guide are encouraged to select appropriate strategies and suggestions for tailoring programs to their specific needs as well.

MANUAL OVERVIEW

Unit I, "Foundations: Counseling, Aging, and Continuing Education," provides background information and a brief overview of the various fields of knowledge and practice that underlie the process of developing continuing education programs in gerontological counseling. Section A, "Gerontological Counseling," describes the field of counseling and discusses statistics on the need for counseling services for older persons and the potential contributions of trainees and training programs. In Section B, "The Aging Network," the complex of legislative mandates and services is outlined and clarified for the person who is becoming familiar with the network and its array of services. The relationship of the Older Americans Act to counseling services is specifically delineated, and implications for practice, advocacy, and potential funding sources are described. Section C, "Continuing Education," encompasses both the theoretical and practical aspects of conducting continuing education training programs. The need for continuing education, the philosophy of continuing education, and characteristics of adult learners are included in this section. Section D, "The Team Approach to Training Program Planning," outlines the benefits of including representatives from various groups on the team. Strategies for successful implementation and institutionalization of training programs are described.

Unit II may be seen as "the job of the team." It covers the steps in "Planning, Developing, and Implementing Training Programs." General program planning considerations are described, including suggestions and techniques for evaluating resources, setting goals and objectives, responding to local needs, determining program content and structure, meeting budgetary needs, publicizing and recruiting, evaluating, institutionalizing, and awarding of CEUs. The specifics of developing communications skills training for service providers in the aging network are woven into the more general components of building programs, and references to examples of successful strategies are made. A checklist for program planners is included as are related readings.

Unit III, "Issues in Training Program Development," includes useful action-oriented strategies for meeting the challenges of launching and institutionalizing training programs. Section A, "Assessing Training Needs," provides a thorough treatment of the topic of needs assessment. The focus is on tailoring continuing education training programs in gerontological counseling to meet the needs of service providers. Appropriate techniques and instruments are described and the process for developing useful and valid needs assessment instruments is briefly explained. Strategies for "Funding Training Programs" are described in Section B, where various sources and considerations are detailed. In Section C, "Advocacy," the specifics of program advocacy are described along with action steps to achieve predetermined goals. The importance of advocacy is emphasized, and the relevance to the development and institutionalization of training programs is outlined.

In sections D through G, issues in tailoring training programs for use in specific settings are explored, and special features of frequently used service delivery sites are considered. Section D includes Area Agencies on Aging, Senior Centers, and Nutrition Sites; Section E, Adult Day Care Facilities; Section F, Long-Term Care; and Section G, Hospice Settings. Each of these sections describes counseling issues, the role of the counselor, service programs, and the characteristics of the older persons likely to be found in the setting. As mentioned above, this coverage is not meant to be comprehensive and references for further reading are provided. Specific areas of concern for training program planners are included, and those who require further information in order to be responsive to the demands of particular situations are encouraged to seek additional resources.

Unit IV features the descriptions of the Exemplary Programs. The areas covered follow the format of Unit II to facilitate consistency and cross referencing. This format was also used in the program summaries submitted in application for exemplary status. For each program the features described follow the criteria listed under exemplary programs.

Unit V, "A National Perspective on Training," provides background information useful in understanding what events led to the development of this manual and the training-program planning process described. Section A details the historical development of "APGA's Involvement in Aging" and "Administration on Aging Training Programs."

The National Project on Counseling Older People is described in Section C, and Section D is a Directory that lists the participants from the regional planning workshops. The teams formed to attend the workshops are listed together. This directory serves a dual purpose. First, the recognition of participation in these workshops reflects interest in and commitment to the development of improved counseling assistance for older persons. The list is not complete but represents the extensiveness of the network developed through the APGA/AoA cooperative effort. A second function of this directory is to link interested persons, educational institutions, and agencies. The development of a national communication network of persons involved in training service providers has far-reaching implications, and it is the hope of the project staff that the opening of communication channels will result in increased cooperation both within communities and through county, state, and national linkages. There are others who are also involved in work in this area, and the communication network can extend to include interested others in order to share resources and capitalize on available expertise.

CONCLUSION

This manual is in many ways the product of the work of all the people involved in this project. It is hoped that the guidelines developed through the interaction of practical experience and academic knowledge will be useful for future planners of continuing education programs in gerontological counseling.

Jane E. Myers
Pamela Finnerty-Fried

UNIT I

FOUNDATIONS: COUNSELING, AGING, AND CONTINUING EDUCATION

UNIT I
SECTION A

GERONTOLOGICAL COUNSELING

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Harold C. Riker is a Professor in the Department of Counselor Education at the University of Florida where he has developed four graduate level courses in gerontological counseling and generally chairs doctoral committees for students specializing in this area of counseling. He is a faculty associate of the University of Florida's Center for Gerontological Studies and Programs and is a member of its steering committee.

Dr. Riker is active in the aging field. He is serving as President of the Florida Council on Aging (1981-82) and is a delegate, appointed by Florida's Governor, to the 1981 White House Conference on Families. He chairs the Advisory Council for the District III Area Agency on Aging in Gainesville and is a member and past chair of the Gainesville Housing Authority.

He belongs to a number of national and regional professional associations that emphasize gerontology. He has written numerous articles and chapters for books on the subject of counseling older persons and is a frequent speaker on this subject at meetings of local, state, and national organizations.

INTRODUCTION AND OVERVIEW

Counseling for older persons has become more important in recent years because of their increasing number, expanding need for information, and growing requirements for assistance in adapting to personal and social change. To implement counseling programs on the scale required, continuing education training programs should be developed for aging network staff, volunteer helpers, and both paraprofessional and professional counselors. APGA's first aging project focused on the latter, or preservice education; this project and manual are oriented toward in-service training. Not only trained counselors, but also and perhaps more importantly, aging network staff trained as helpers are necessary to meet effectively the mental health needs of older people. In this section, counseling and gerontological counseling are discussed, along with the benefits to be gained from them.

COUNSELING

The profession of counseling is comparatively new, with its origin dating to the early 1900s when special attention was being given to the evils of child labor and the importance of help for young people. Primary emphasis was given to vocational counseling for youth. At about the same time, interest was developing in mental illness. During World Wars I and II, standardized tests were created to identify individual qualities such as intelligence, achievement, aptitude, and interests. These tests enlarged the capabilities of counselors to be of help to others, more particularly younger groups.

During the 1960s and 1970s the number of counselors expanded tremendously both in educational and community settings. In addition to career education, greater emphasis has been given to personal growth, interpersonal relationships, and mental health.

Defining counseling has been a problem because of its relationship to psychotherapy. Suffice it to say that counseling and psychotherapy represent different points on a continuum of services. One useful definition of counseling in general is that it is "the process through which a trained counselor assists an individual or group to make satisfying and responsible decisions concerning personal, educational, social, and vocational development" (H.R. 1118, U.S. House of Representatives, 1977). Key words in this definition are process, decisions, and development. Implied by process is a quality relationship between the counselor and the counselee.

In defining counseling it is important to consider who provides this service and to make a distinction between professional, paraprofessional, and peer counselors, and service providers trained to function as informal helpers. A professionally trained counselor has received a greater range and type of formal education than a paraprofessional. Theories and techniques of counseling, application of these to special populations, group work and consultation, and an extensive amount of supervised practice are included in most counselor training programs. Usually, professional counselors have been trained at the graduate level.

Paraprofessionals on the other hand are persons trained in the basic skills of active listening and facilitative responding. A typical training period will include 15 to 20 hours of course work plus a varying amount of supervised practice. Ongoing supervision by a professional is essential for persons functioning as paraprofessional counselors.

Peer counselors for older pesons are generally trained at the paraprofessional level. Peers also may be trained as informal helpers, along with other providers of services to older people. Informal helpers are persons whose primary job is to deliver a service such as meals or transportation. The delivery of that service can be made more meaningful to the older person receiving the service through adding some of the dimensions of a helping relationship. Helping relationships result when service providers are trained in and apply basic communication skills in their daily work with older people. They do not become counselors or paraprofessional counselors. Their primary job remains the provision of a specific service. They are more effective helpers because they are trained to recognize problems, to refer older people for needed assistance, and to help prevent minor difficulties from becoming major problems for older individuals by offering support and attention.

COUNSELING FOR OLDER PERSONS

One of the most recent types of counseling, gerontological counseling, identifies older persons as the counselees and focuses on helping them: to overcome losses, particularly those related to aging; to establish new goals based on understanding that living is limited in quantity but not in quality; and to reach action decisions that recognize the importance of the present as well as opportunities for the future. Action decisions involve the personal, social, educational, and vocational development of older as well as younger persons.

To avoid confusion, throughout this section we shall refer to gerontological counseling as a broad based concept that includes the various levels of helping defined above. They represent essentially a continuum of care, which is necessary to meeting the mental health needs of older people on the broadest possible scale.

Counseling Older versus Younger People

Counseling older persons differs from counseling younger persons in several important respects. First, older persons have more extended backgrounds of experience. Their present life tasks may require that they redirect or change some well established goals, attitudes, and behaviors. Recognizing that time is indeed finite, they must readjust their life perspectives.

A second difference is that older persons may be influenced in their thinking and behavior by some of the stereotypes with which they have been labelled by contemporary society. For example, the well-known saying, "You can't teach an old dog new tricks," has convinced too many people, both older and younger, that older persons can no longer learn. Before some older persons can be motivated to learn they must rediscover that they can.

Related to the impact of stereotypes on older persons is the effect of these stereotypes on counselors. Often unknowingly, those who work with older persons may find that they too look at aging and older persons in negative terms. For example, when an older person is depressed, forgetful, or confused, a first reaction may be that these behaviors are typical and to be expected. Too often overlooked is the possibility that such behaviors may stem from mental and physical conditions that can be corrected.

A third difference between counseling older and younger persons is that older clients tend to look back and younger ones tend to look forward. Helping older persons look forward may involve their understanding that their lifespan is a continuing developmental process of growing and becoming. Counselors must be sensitive to the differences in time perspective of their younger and older clients.

Counselors working with older persons should have several special competencies. They should have knowledge about the aging process, including both physiological and psychological changes. They should be familiar, in general, with the characteristics of older persons. They should know about the many services available to older persons in their communities. They should understand that today's older persons are unlikely to have had much if any experience with counselors or counseling. As one consequence, gerontological counseling will probably occur and be more effective as a part of other activities and services with which older persons are involved. Hence, the emphasis placed on teaching communication skills to service providers who interact daily with older people seems to be a promising avenue for the delivery of effective mental health care.

The Growing Need for Counseling Older Persons

The need for gerontological counseling has increased greatly during the past 15 years. There are three major reasons.

First, the number of persons who are 65 years of age and older has multiplied dramatically, from 3.1 million or 4.1% of the total population in 1900 to 25.4 million, or 11.3% of the total population in 1980. Life expectancy at birth increased from 49.2 years in 1900 to 70.8 years in 1970. It should also be noted that the longer people live, the longer they can expect to live. For example, those who were 65 years of age in 1978 can anticipate, on the average, reaching 81 years of age. Life expectancy seems to be increasing most for those who are 85 years of age and over, primarily because of the 26.3% drop in the death rate for this group between 1966 and 1977 (*NRTA Bulletin*, 1980). In terms of potential counseling demand, both the number and the age spread of the older population have been extended considerably.

Not all older persons need counseling, by any means. Of the 65 + population, perhaps as many as 28% have needs for counseling that involve consultation, education, and early intervention. The numbers of persons in this age group who might benefit from counseling services do not differ greatly from the numbers of persons with similar needs in the total population 18 years of age and older.

With the implementation of the Older Americans Act, our society is beginning to respond with concrete action to the presence and needs of the larger numbers of older persons, particularly during the past decade. Some elements of our society, however, are aware in only general terms of the impact of aging on people and factors involved in helping older persons to adapt to aging and to create new and productive life styles. The education and medical professions, for example, are just beginning to define their roles and responsibilities for this expanding segment of our population. Conversant with human needs, counselors can serve as consultants to assist public and private agencies to meet the needs of older persons more effectively.

A second major reason for the growing importance of gerontological counseling is that older persons need information about many things: the aging process and how to adapt to it; the various kinds of assistance available to them through community, state, and federal programs; and new ways of living gained through seeing the human lifespan as a developmental process. Fear of the future and of diminishing lifespan is an all too frequent condition that may be alleviated through information and improved understanding. Counselors can help to provide such information and to assist older persons to make better decisions for their future wellbeing.

The third major reason why gerontological counseling has become necessary is that many older persons can benefit from assistance in anticipating and reacting to rapid social and technological change in our society. Particular problems can be experienced by older persons confronted with increasingly rapid changes in their world at the very time that their capacity to respond to change is slowing them down. Added to slower response rate is frequent failure to keep up with changes occurring in the world about them. Social and civic obsolescence is a problem correctable through the provision of special educational opportunities. An even more crucial factor in successful adaptation to change may be the quality of the emotional adjustments of older persons to changes in their private worlds. Counselors can play a significant role in helping older persons avoid unnecessary emphasis on the past, find new goals for living, and look ahead to new opportunities.

Benefits of Counseling

A number of important benefits may be gained by older persons from counseling. Some of the possibilities are these:

a. Maintaining personal independence and freedom of choice.

b. Expressing, rather than repressing, strong and negative emotional feelings often associated with personal problems such as loss of spouse, friends, job, and health.

c. Identifying new life goals and deciding ways to move toward these goals.

d. Adjusting to the stresses of aging, particularly the generalized emotional reactions that can become causes for physical illness or can result from physical illness. By helping with the emotional adjustment of older persons, counselors can contribute to their physical health. In general, physical and mental health are closely interrelated, especially in the case of older persons. A significant point here is that improvements in life adjustment and mental health could be major factors in reducing the medical costs faced by older persons.

e. Relating to others in more positive and healthful ways. As people grow older, they begin to lose more and more of their relatives and friends because of health or relocation. Often they fail to make new friends, tending to withdraw within themselves. Yet, they really need to acquire and maintain a circle of friends who can help stimulate new interests and build a renewed sense of belonging, self-worth, and security. Counselors can be especially helpful in facilitating these personal and social processes.

Counselors can and do provide assistance in a variety of important ways related to the benefits mentioned above. Some examples of counselor assistance to older persons include the following:

a. To consider vocational needs and aspirations and to work through problems of career transition.

b. To identify avocational interests and develop meaningful uses of time.

c. To make marital adjustments and enlarge understanding that will improve relationships between husband and wife and between older parents and adult children.

d. To make life-style changes when they retire and leave full-time employment.

e. to improve communication skills.

f. to gain emotional support when mourning the death of a loved one or facing death.

Counselors assist older persons not only in the solution of problems but also, and especially, in developing activities that prevent problems from emerging. Counselors also train older persons to act as skilled helpers for other older persons.

Implementing Gerontological Counseling Programs

At the present time, relatively few professional counselors have been trained in the area of gerontological counseling. As late as 1975, only 18 counselor education programs provided coursework in gerontological counseling (Salisbury, 1975). As of 1979, 41 of the 400 counselor education departments in the country reported that they had at least one formal course with major genontological counseling content (Johnson, 1980). A study currently underway indicates that over 100 counselor education departments now offer at least one course tailored to training counselors to work with older people (Myers & Finnerty-Fried, 1981). One result is that a number of jobs concerned primarily with gerontological counseling are held by individuals who have no specific training in this specialty.

While this type of job is yet limited in number, the need is great. Trained gerontological counselors could serve effectively not only at mental health centers but also at senior centers, area agencies on aging, housing projects for older citizens, retirement communities, day care centers, churches, and nursing homes, to name some locations where numbers of older persons are likely to come together. Community colleges represent an additional possibility.

Because of the few professionally trained gerontological counselors and the lack of available mental health services for older persons, however, continuing education programs in gerontological counseling and programs in communication skills training are essential as the means for providing training for aging network staff, service providers, and volunteers. Such programs can produce numbers of skilled helpers in a variety of settings who are qualified to assist older persons in many ways. When their ages are about the same as their clients, these skilled helpers can be especially effective because they have often had similar experiences and are aware of the feelings older people may have. In view of the numbers of people who are working with older persons in the aging network, and in view of the relatively rapid turnover among aging network personnel, training in basic helping skills should represent a continuing activity.

SUMMARY

Gerontological counseling represents a relatively new type of counseling, but one of increasing importance because of the expanding numbers of older persons, their sometimes critical need for pertinent information, and the rapidity of social and technological change to which they might adapt if they are to live in more meaningful ways as active participants of their communities. The values of counseling for older persons include assistance in maintaining personal independence, expressing and facing negative emotions associated with personal loss, identifying new life goals, adjusting to the aging process, and maintaining or seeking positive relationships with others.

The need is great for skilled helpers to assist in counseling older persons. At a time when there are growing numbers of older persons who need assistance, counseling provides a useful method for helping, and continuing education can serve as a vechicle for training the helpers.

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UNIT I
SECTION B

THE AGING NETWORK

James P. Oberle

James Oberle is currently staff director for the Subcommittee on Health and Long Term Care, U.S. House of Representatives Select Committee on Aging. Prior to accepting this position, he served as Director of the Planning, Evaluation, Research, and Training Unit of the Maryland State Office on Aging, as staff research analyst, and taught at the University of Maryland.

Dr. Oberle received his PhD in political science from the University of Maryland (1976), and his MA (1970) and BA (1968) from St. John's University. His major research interests include conditions and trends in the aging population, transportation needs of older people, elder abuse, and long term care. He has written major reports on the status of the elderly in Maryland, as well as an assessment of transportation needs and resources.

INTRODUCTION AND OVERVIEW

The recognition of older persons as a special group with unique service needs has been an evolutionary process. Over time, this process has led to a distinct set of programs specifically designed for older people. While this process was begun prior to the legislative mandate of the Older Americans Act of 1965, the Act has been the central focus for program initiatives.

The aging network that has emerged is a complex system of interrelated units and structures. From the legislative structure down to the actual provision of direct services to older persons, the various governmental departments, agencies, and services comprise what is known as the aging network.

A counselor or program planner not familiar with the aging network, the history of its development, or where the various agencies are located in the overall service delivery system may find references to "Older Americans Act," "senior centers," or "area agencies on aging" to be confusing. The system of services and administrative functions indeed has become complex, and this section can be a resource and an aid in gaining familiarity with the aging network.

The history of services to older persons, the Older Americans Act and its mandated services, and the legislative process by which the Act was enacted, will be described. The national level of the aging network, including the legislative committees and their functions and the Administration on Aging, also will be described. State units on aging and area agencies on aging are the state and local administrators of aging services. The functions and areas of responsibility of this service level will be outlined. The informal network, which includes proprietary, private nonprofit, volunteer, and advocacy organizations, also provides service to older persons. The range of these services, as well as the recognition of the family as a provider of service, are highlighted.

Throughout this section, the current and potentially expanded role of counseling older persons is explicated. This information can be most useful in planning advocacy efforts and in seeking funding. It is also important to recognize the significance of counseling services within the context of the aging network and the potential impact that counseling has on the well-being of older persons.

THE NATIONAL LEVEL

The Legislative Branch

Aging programs and policies are subdivided into four categories in the legislative process. The first two of these are between the U.S. House of Representatives and the U.S. Senate; the third and fourth subdivisions are among the legislative committees and those that serve as oversight and advocacy committees.

The Select Committee on Aging in the House and the Special Committee on Aging in the Senate are oversight and advocacy committees. As such, these committees conduct comprehensive studies of problems confronting older Americans. These include topics such as income maintenance, housing, health, welfare, employment, education, recreation, and participation in family and community life. These studies and hearings then form the basis of legislative proposals which are submitted to the various standing committees of the Congress. The Aging committees also are responsible for overseeing the Executive Branch to ensure that laws having applicability to problems of aging are properly executed. Finally, the aging committees are responsible for the coordination of policies and programs for older Americans.

The major legislative committees in the House of Representatives are Education and Labor (The Older Americans Act); Energy and Commerce (Health-Medicaid); and Ways and Means (Social Security and Medicare). In the Senate the Committee on Labor and Human Resources is responsible for the Older Americans Act and some health matters; the Committee on Finance has responsibility for Social Security, Medicare, and Medicaid. It is in these committees that the actual passage of laws occurs.

It is interesting to note that the two most obvious committees and the most outspoken individual on aging matters (Congressman Claude Pepper, as of this writing) have no direct impact on legislation; however, the rules of the Congress permit the introduction of legislation only in standing committees. Both the Select Committee on Aging and the Special Committee on Aging are ad hoc and not standing committees. Therefore, proposals that emerge from these two committees must be submitted to one of the above mentioned committees for legislative action and enactment. This is cumbersome and confusing; however, once one knows the proper procedures, effective action is possible.

The Executive Branch

The parent departmental organization responsible for aging programs is the Department of Health and Human Service (HHS). This largest of civilian departments is subdivided into numerous offices, agencies, and administrations. Of primary concern for us in aging programs is the Office of Human Development, headed by an Assistant Secretary. This Office's organizational structure includes the Administration on Aging (AoA), Title XX of the Social Security Act, Developmental Disabilities, and other social service programs.

The Administration on Aging is organized on a functional basis. Under the Commissioner there are five major subdivisions, each of which has a different function. These are the Office of Education and Training; the Office of Research, Demonstrations, and Evaluation; the Office of Program Operations; the Office of Program Development; and the National Clearinghouse on Aging. Of particular importance to those involved in counseling projects are the Offices of Education and Training, and Research, Demonstrations, and Evaluation. It is through these divisions that the Title IV-A (Training) and Title IV-B (Research) projects will be funded on a demonstration basis.

In order to provide more direct assistance to the state units on aging and decentralize the administration of the programs, there is an AoA staff in each of the 10 federal regional offices. The staff is generally small (10-15) and technically oriented. Normally, regional office personnel will have expertise in the areas of nutrition, fiscal management, training and educational development, program development and administration, and long term care. There is usually one regional staff member assigned to each state who acts as a liaison between the state office and regional office and coordinates the regional response to state requests.

Of importance to the counseling network is the education and training officer and the Regional Education and Training Program (RETP). Since counseling is generally considered a "training" activity, your inclusion in the activities of the RETP will go a long way in determining the impact you have in each region and in each state office. If you are an integral part of the RETP, then counseling will become an integral part of each state's program. A listing of the RETPs is included in the appendices of this manual.

The Older Americans Act

It can safely be said that the Older Americans Act is a direct outgrowth of the 1961 White House Conference on Aging. At that Conference, the delegates recommended federal legislation to assist the states with the initiation and expansion of state and community programs for older people. In 1963, President Kennedy also recommended such assistance to the states. Finally, in 1965 Congress passed the first Older Americans Act.

The 1978 Amendments to the Older Americans Act reorganized the Act into six titles. The most important of these for the counseling network are Title III, Grants for State and Community Programs on Aging, and Title IV, Training, Research, and Discretionary Projects and Programs. Since it is not a mandated service, the inclusion of a counseling program is dependent on the initiative of the local and state counseling network.

The opportunities for inclusion in the program are twofold. Under Title III, monies are provided to the states for the administration of aging programs, for distribution to local or area agencies, and for the operation of the nutrition program. Since both the state and area agencies must submit plans for the expenditure of the federal funds, your ability to demonstrate the need for counseling and the benefits to be derived from counseling will determine whether or not counseling will be part of a state or area agency's plan. A second opportunity is provided under Title IV-A. State agencies receive monies for training and education development. Since counseling is a new program, the inclusion of it in the state's training plan is certainly justified. In addition, through a train-the-trainers program, counseling can be included as an area agency activity. In both cases, the counseling professional would be providing training to state, local, or volunteer staffs. (Counseling of the individual will be discussed in detail later in this section.)

At the national level, counseling also could be included under Title IV. At this level, however, it would be Title IV-B (Research and Development Projects). These projects are usually announced semiannually and a grant proposal must be submitted. The Administration on Aging determines what topics are to be researched. Guidelines for the preparation of these grant proposals are available in the national, regional, and state offices.

The budgetary Reconciliation Act of 1981 made some major shifts in the funding for the Older Americans Act. On the positive side, the Congress has approved approximately $20 million in additional funds for Title III-B programs. The reader will recall that these monies support the community services program initiatives and that counseling is a service eligible for funding. At the same time, the Reconciliation Act cut the Title IV resources in half. This will affect the states' training programs and the research and demonstration initiatives. Since counseling is a new program, it will be competing with already existing programs that may have proven their effectiveness. Under these circumstances it is unlikely, but not impossible, that a state would fund a new program. Therefore, it is recommended that the counseling network concentrate its effort in the Title III area where new monies have not been committed and where the chances for funding are better.

STATE UNITS ON AGING

There are state-level units on aging in the 50 states, the District of Columbia, and major territories. Some of these units have departmental status (Massachusetts, Missouri, California, Pennsylvania, etc.) and others have cabinet level status (Maryland); however, most are part of the state departments of human services or public welfare programs. This lack of departmental status has had its effect on the visibility of the aging programs and on the state units' ability to influence local policy. The major roles and responsibilities of the state agency are to develop and administer a state plan, to develop and operate a state-wide ombudsman program, to advocate on behalf of older people, to determine the service needs of older people, to develop programs to meet these needs, to evaluate the effectiveness of the programs, and to reduce the fragmentation in the current delivery system.

Funding for the operation of state programs comes from two major sources. The first is federal monies received under the Older Americans Act and the second is state or general funds. The federal monies are appropriated on a formula basis with each state receiving its share based on its proportion of the national population. To ensure that there are sufficient funds, Congress has determined a minimum amount that a state or territory can receive. State funds are appropriated as a supplement to federal monies or to operate programs not funded by the federal dollars.

To receive the federal funds a state must develop a plan for the expenditure of the monies. The plan must guarantee that at least 50% of the funds will be expended in the priority areas of access, in-home services, and legal services. In addition, the state must appropriate at least $20,000 or 1% of its Title III-B allocation for ombudsman services. With the exception of the ombudsman program, the state agency should not use federal monies to provide services. Rather, these monies are passed through to the local or area agencies on aging where programs are developed and provided. (This will be discussed in more detail later in this section.)

State monies, therefore, are used to develop and operate state priorities not funded with federal dollars. Some of the programs the states have developed are public guardianship, nursing home and in-home visitation to those without regular visitors, sheltered or congregate housing, geriatric evaluation services, public assistance, and so forth. While counseling has not been a state-level priority, it certainly is an eligible service and funds could be appropriated for it.

AREA AGENCIES ON AGING

Currently there are about 650 area agencies on aging in the Unites States. One can create a typology of four types of agencies. There are single and multi-jurisdictional agencies, and there are private nonprofit and governmental area agencies. Neither the federal nor state governments have much influence on the type of agency that develops at the local level. No one type is by nature more efficient or effective than any other type. What is important is that the local populace have an agency that best suits their needs.

The role of the area agency is fourfold. First and foremost, the area agency is to be an advocate for older persons. It is mandated to mobilize local support for aging programs and to train older people in the process of influencing local legislation. Second, the area agency provides leadership. This can be done through advisory councils, citizen action groups, and other means. Third, the agency coordinates the activities of government agencies and private nonprofit service providers so that a coordinated service delivery system is created. The fourth function, that of service delivery, is used only when there is no other service deliverer available in the local area. If the agency functions in this manner, it is free from the day-to-day administrative demands and can, through its resources, plan and coordinate the programs for older persons.

It is a goal of the area agency to provide its programs and services at community-based focal points. These centers are to be opened a minimum of four hours per day at least five days per week. The ideal situation would be an 8 to 10 hour day, seven days per week. The center should offer a program of health, social services, and recreation and may include a nutrition program. Counseling could and should be a viable part of that program.

THE INFORMAL NETWORK

In addition to the governmental structure, there is a large network of proprietary agencies, private nonprofit agencies, volunteer organizations, national advocacy organizations and, most important, the family providing services to older persons.

The nursing home is probably the most obvious proprietary agency. In-home care agencies, however, are just as important and may provide just as much care. These agencies provide homemaker and chore services as well as home health care.

The private nonprofit agencies provide a full range of services to older people. Among the most well-known are the Visiting Nurses Association, Meals on Wheels, Catholic Charities, Family and Children Societies, and so forth. These agencies perform additional and peripheral services that add much to the network of programs and services for older people provided through AoA.

Volunteer organizations both employ and provide service to older people. The better known of these include RSVP, Foster Grandparents, and Senior Companions. In addition, volunteers play a vital role at the nutrition sites, senior centers, and in the in-home services programs of most area agencies.

The national organizations employ a mixture of volunteer and professional staffs in their efforts to advocate for older people. Most prominent among these organizations are the National Council of Senior Citizens (NCSC), the American Association of Retired Persons (AARP), and the National Retired Teachers Association (NRTA). These organizations through their national, state, and local chapters offer older persons the opportunity to participate actively in the public policy process.

The groups that receive the least support and recognition as providers of services to older people are family and friends. They provide day-to-day care, often on a 24-hour basis. Their range of services includes all of the activities of daily living as well as things such as transportation, shopping assistance, recreation, and so forth. Recognition of the family as a service provider is gradually emerging.

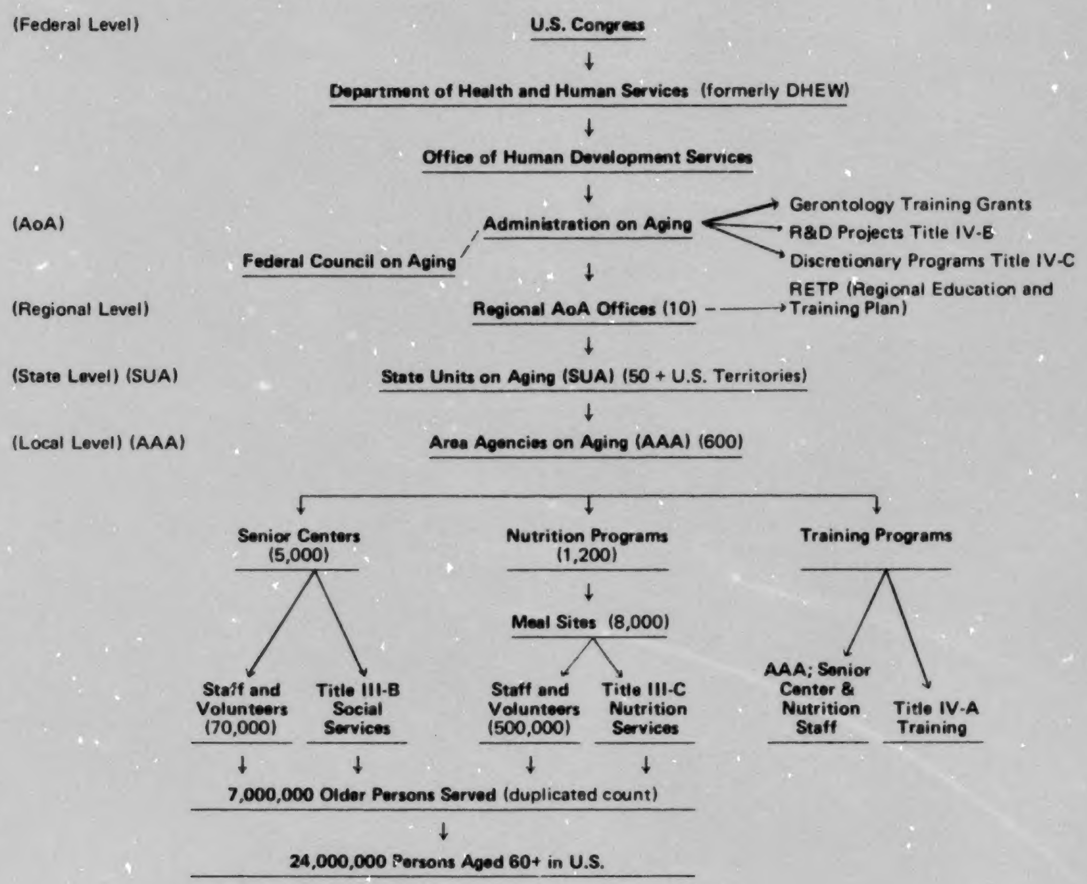
COUNSELING OLDER AMERICANS

The opportunities for counseling older Americans and those who work with older people range from highly organized institutional settings (nursing homes, state hospitals, etc.) to one-on-one individual programs that may occur in a nutrition site or at an individual's home. The skill areas that the counselor will be called on to use include reality orientation, basic communication skills (verbal, nonverbal, listening, and observational), sensitivity, bereavement, coping, time management, supervision, crisis management, second career, and so forth. In addition, the counselor must be prepared to work with the various providers of service. These include the professional staffs of institutions and home care agencies, paraprofessionals, volunteers, and the members of the older person's family. The opportunities for counseling and the specific skills required at each counseling site are explicated more fully in Section D of Unit III.

SUMMARY

This section presented a frame of reference for understanding how the legislative process works and affects the various components of the aging network. A chart at the end of this section diagrams the network and furnishes an estimate as to the number of service providers and number of recipients at each level in the network.

THE FORMAL AGING NETWORK


(Federal Level)
U.S. Congress
Department of Health and Human Services (formerly DHEW)
Office of Human Development Services
(AoA)
Administration on Aging
Gerontology Training Grants
R&D Projects Title IV-B
Discretionary Programs Title IV-C
Federal Council on Aging
(Regional Level)
Regional AoA Offices (10)
RETP (Regional Education and Training Plan)
(State Level) (SUA)
State Units on Aging (SUA) (50 + U.S. Territories)
(Local Level) (AAA)
Area Agencies on Aging (AAA) (600)
Senior Centers (5,000)
Nutrition Programs (1,200)
Training Programs
Meal Sites (8,000)
Staff and Volunteers (70,000)
Title III-B Social Services
Staff and Volunteers (500,000)
Title III-C Nutrition Services
AAA; Senior Center & Nutrition Staff
Title IV-A Training
7,000,000 Older Persons Served (duplicated count)
24,000,000 Persons Aged 60+ in U.S.

The reader also should be aware that the system can be accessed at the national, regional, state, and local levels. National and regional access would generally be the responsibility of the national headquarters staff, and the local counseling staff would serve as demonstration sites. At the state and local levels, however, the individual counselor and the state counseling association must take the initiative. They must work with the state unit on aging and the local area agency on aging if they are to become an integral part of the programs and services available to older Americans.

Funding under Title IV-Research and Training has been reduced; however, there is increased funding for Title III-Community Based Programs. All told there are substantial increases in the Older Americans Act monies, and the counselor who convinces the state agency or area agency of the importance of counseling will have success in getting his or her program included in the agency's operating plan.

The need exists and the opportunities are many and varied. What remains is for the counseling network to convince the aging network that it can best provide a much needed service.

UNIT I
SECTION C

CONTINUING EDUCATION

Sean Sweeney

Sean Sweeney is currently an Aging Training Program Specialist with the Administration on Aging and Project Officer for the National Project on Counseling Older People. Prior to this, he served as a Social Science Analyst with the Division of Research Applications and Demonstrations, Administration on Aging, and previously served as the Director of the Bureau of Education, Training and Informational Services in the Pennsylvania State Office for the Aging.

Dr. Sweeney received his PhD in Adult Education and Gerontology from the University of Michigan (1976), his MA in Public Administration from Eastern Michigan University (1969), and his BS in Health Education and Physical Education from Michigan State University (1963). He is a member of several professional aging and education associations, and his publications and areas of interest include training and education for professionals in the field of aging and for older persons.

INTRODUCTION AND OVERVIEW

Recent changes in life expectancy and the demographic characteristics of our society have created needs for new knowledge and skills on the part of those who provide services to older people. These changes have implications for education, especially in regard to the capacity of educational programs and institutions to meet training needs of service providers in aging. These needs include both preservice education and in-service training designed to upgrade the skills of professionals and paraprofessionals now providing service to older persons. Training in basic helping skills for service providers in aging is an example of in-service training, or continuing education.

This manual presents different models or approaches to incorporating gerontological counseling skills into the emerging aging services system and into the curriculum of counselor education programs. This section discusses some of the foundations of continuing education. Such information provides program planners with a global perspective from which they may initiate planning for training programs in their local areas. In addition, references are cited that provide theoretical concepts and examples of field tested approaches to training.

CONTINUING EDUCATION AND SOCIETY

Continuing education is a mirror of present day society and a vehicle for preparing for the future. It may be found not only in schools, but also in businesses, unions, neighborhoods, government, churches, and organizations concerned with helping individuals develop their potential. Continuing education is carried on by individuals on their own, by a variety of education systems from the elementary school to the university system, and by staff development programs in government and industry. Much of it is formal, but a growing percentage is being carried on informally by organizations such as libraries, museums, theaters, social organizations, and citizen groups dedicated to increasing educational opportunity for specific racial or ethnic minority populations.

Change is a fact of life in today's world. To cope with contemporary problems, people must understand change and its consequences and be able to adapt themselves and their institutions. This requires a flexibility of attitudes, perspectives, values, and relationships. No matter how effective formal education may be, it can never fully prepare people to meet the changing needs of society. The fundamental function of continuing education, then, is to help keep the balance between people and circumstances in a changing world by providing lifelong opportunities for learning. Ideally, it can help people foresee and control the changes in their lives that occur as a result of social and environmental pressures affecting unequally, if not unfairly, certain subgroups.

Continuing education in aging has followed the historical pattern of education in this country, which reflects continually changing sociological patterns in the distribution of race, sex, and ethnic characteristics across our culture. The needs these changes create determine in large part the continuing education opportunities that society or specific portions of a society demand. The expansion of continuing education in aging is the response of our society to newly created job opportunities brought about by changes in the demographics of our older population. Continuing education is essential if quality services are to be available to older persons, particularly to those who have been underserved historically by these programs.

CONTINUING EDUCATION AND AGING

Continuing education may be in aging, for aging, or both. The first situation involves the training of persons who work with or provide services to older people, and may include diverse topics such as medical, psychological and sociological aspects of aging, retirement planning, death and dying, delivery of recreational, nutritional, or social services and so on. The purpose is to teach service providers about the characteristics and needs of older people. The gerontological counseling programs described in this manual are examples of training for those working with older persons.

Continuing education can also be *for* aging, and designed to help individuals understand the aging process and cope with changes in their lives as they grow older. In this vein, direct educational programs for older people are important components of the lifelong learning process. While most of our society's efforts for this age group in the past have centered on basic or maintenance needs such as housing, income, nutrition, and health, there is a growing realization that the older person's intellectual and creative development is also important to his or her well-being.

It is quite clear that educational programs for older persons, whether offered by schools, colleges, governmental agencies, senior centers, or other groups, have developed in a fragmentary and halting way. As a society we tend to believe "You can't teach an old dog new tricks." The theories about the decline of mental capacity in older persons as put forth by David Weschsler (1958), Edward L. Thorndike (1928), and others contribute much to these negative stereotypes; however, these suppositions have been challenged and refuted by new research. Botwinick (1967), for example, suggests that decline in learning performance may be due not to decline in mental or learning capacity, but to noncognitive factors such as health impairment and unpleasant memories of earlier school experiences. A view now developing is that mental decline is not an inevitable condition of aging and that when it does appear, it sometimes may be modified or even reversed.

The two concepts described above, of providing continuing education in aging and for aging, can also occur in concert. An example occurs in the training of older peer counselors where part of the process of learning about aging includes learning about themselves, achieving self-understanding, and both accepting and coming to terms with the aging process.

PLANNING FOR CONTINUING EDUCATION IN AGING

Planning continuing education in aging involves certain basic factors. These include determination of needs, identification of educational and curriculum goals, and evaluation, all of which are discussed in detail elsewhere in this manual. Each of these activities requires considering the adult as a learner, the principles of learning, and the ways in which learning can be facilitated.

At the core of all continuing education in aging is the fundamental problem of designing curricula that will meet the needs of the participants and achieve the objectives of the agency. This is no easy task, and although it is crucial to the success of continuing education in aging, it does not often receive sufficient attention. Too many programs are thrown together haphazardly without any clear perception of their purpose or objectives.

In continuing education, the methods and techniques used in presenting materials will determine the success or failure of any programs focused on the adult learner. It is important to ask questions such as: What are the conditions that facilitate adult learning? Do different educational objectives require different methods? How should methods of adult education differ from those of institutionalized elementary, secondary, or higher education?

For adult learners, especially those who are working and seeking to upgrade skills, a problem centered approach is appropriate and often effective. The learner should be able to apply immediately to his or her job the concepts learned in the classroom. Often, the trainer may assist the learner to identify a problem encountered in the learner's work that is relevant to the training content. Resolution of the problem will involve drawing on the learner's experiences, doubts, and thoughts. The trainer has an obligation to provide learning opportunities in which the learners may see an increasingly broad range of problems and develop skills on formulating and solving problems.

Motivation of the learner is a key in continuing education. Problem centered curricula provide direction and substance in the activities of the learner. The trainer needs the ability to work with the learner's problems while also drawing from textbook concepts and theories to further the learning process. While doing this the trainer will be developing within the learner the ability to use outside resources within the problem solving framework.

Assisting the learner in drawing on his or her ideas and experience to meet the learning objectives is critical. Program objectives must be focused on the learning needs of trainees. They must be planned so that the learner can see the relationships between the perceived need and the concepts presented in the training. When the learner is involved in the planning process, a greater integration of the learner's needs with the training content can be achieved.

The process of integrating the ideas from a particular program with the learner's previous experience is dependent primarily on the learner. The desire to achieve the objectives, the general openness to new ideas, and the ability to re-examine past experience or previously held positions become centrally important.

The trainer can help build linkages between new ideas and the known experience and expertise of the learners, making sure that learners have an opportunity to participate and to evaluate their progress toward full integration of theory and practice. But in the final analysis, such integration can only be accomplished by the learner. It is up to the trainer to create what may be called a facilitating climate for learning. In this situation the adult learner reacts not only to planned learning experiences, but to the total setting in which the learning takes place. The attitudes of the instructing staff, the friendliness of other participants, the formality or informality, as well as many other aspects of the environment will influence the learner's openness to new ideas and his or her ability to understand and integrate them.

The trainer may select a variety of methods to achieve particular objectives. Some of these are shown in Figure 1. For example, if the goal of training is to impart knowledge, the trainer may use any of a variety of methods, including lecture, symposium, reading, and so on. Skills may be learned through practice exercises and role playing. Values clarification may be achieved through techniques such as philosophical discussion and reflection. In designing formats for learning, a variety of approaches are also possible, as shown in Figure 2.

FIGURE 1

Integrating Teaching Methods to Achieve Particular Objectives

Objective	Method
Knowledge—Generalizations about experience: the internalization of information	Lecture, panel, symposium Reading Audio-visual aids Book-based discussion
Insight and Understanding—The application of information to experience	Feedback devices Problem-solving discussion Exams and essays Audience participation Case problems
Skills—The incorporation of new ways of performing through practice	Practice exercises Practice role-playing Drill, Demonstration, Practicum
Attitudes—The adoption of new feelings through experiencing greater success with them	Reverse role-playing Practice role-playing Counseling-consultation Environmental support, case method
Values—The adoption and priority arrangement of beliefs	Biographical reading and drama Philosophical discussion Sermons and worship Reflection—structured values, clarification activities
Interests—Satisfying exposure to new activities	Trips, audio-visual aids, reading Creative arts, recitals, pageants

Sweeney, S. M., Working with the senior citizen as an adult learner. Durham, New Hampshire. Cooperative Extension Service, 1973, p. 4.

FIGURE 2

Designing Formats for Learning

Platform Presentations
- Speeches, research reports, book reviews
- Group interviews
- Panels, symposiums, debates
- Audio-visual aids, dramatizations
- Demonstrations

Audience Participation
- Listening teams
- Reaction panels
- Audience role-playing
- Buzz sessions
- Question and answer
- Group reports
- Open discussion
- Inductive lecture
- Skills exercises
- Case problem discussion
- Triad consultation

Work Groups
- Laboratory groups
- Special interest groups
- Problem-solving groups
- Discussion groups
- Planning groups
- Instructional groups
- Research and evaluation groups
- Skill practice groups
- Operational groups

Sweeney, S. M., Working with the senior citizen as an adult learner. Durham, New Hampshire. Cooperative Extension, 1973, p. 5.

Obviously, the possibilities outlined above are not exhaustive. Many more exist. The interested reader may learn more about training methods from a companion volume *Counseling Older Persons: Trainer's Manual for Basic Helping Skills.* Of primary interest in this volume are the sections by Bolton (Teaching Adults), Engram (Principles and Techniques for Teaching Communication Skills), and Dowd and Dowd (Supervisory Skills for Use with Adult Learners).

An additional excellent resource is *Senior Center Administration: A Trainer's Guide* (Robb & Gill, 1978). The information in Figure 3, Principles of Adult Learning, is taken from this manual. The interested reader may gain more information on this from the citations in the reference list and the related resources, both found at the end of this section.

FIGURE 3

Principles of Adult Learning

Learning is a process of gaining knowledge, understanding, and skill. Adults learn when they feel a need to do so. During training the adult learner adopts or reinforces actions, attitudes, understanding in relation to that need. In approaching the training of adults, four principles are important:

- *Adult learning is problem-centered.*
  Adults do not learn just to be learning. They take training to acquire knowledge and skill related to immediate tasks and problems. Their interests lie much more in the present and the near future than in a more distant time (e.g., after graduating and getting a job). They have jobs and full lives now, and want most training aimed at improving job and life.

- *Adult learning is shared and collaborative.*
  Training with adults works better when the trainer recognizes that his or her knowledge and expertise is not greater than that of the trainee—just different. Both must share in determining what needs the training will address and in keeping the training process moving in the right direction. Both share a responsibility to protect the freedom to express dissent, to concur, to change directions, to achieve greater relevance.

- *The adult learner is a primary resource.*
  Since the trainees bring a rich variety of experience, knowledge, insight, understanding and sensitivity, the trainer does not need to have all the answers. He or she does need to know how to structure a process and create a climate in which the group can draw on the resources of the group as a basis for learning.

- *The adult learner is responsible for his or her own learning.*
  The trainer's responsibility is to provide those learning experiences, opportunities, materials, and data that allow the adult to learn—what, when, how, to what extent, and in what manner he or she wants to learn. Adults can and will decide they do not want to learn what the trainer wants them to learn. They are responsible for their own lives, and making such decisions is part of the exercise of that responsibility.

Robb, T. B., & Gill, B. *Senior Center Administration: Trainer's Guide.* Washington, D.C.: National Council on the Aging, 1978.

CONCLUSION

Continuing education in aging incorporates a broad spectrum of possible goals. One of these is to assist professionals working with older persons to make choices, to obtain required knowledge, and to use this knowledge wisely to help older persons meet their needs and cope with their life circumstances. Training in communication skills can help service providers to apply their knowledge more effectively in helping situations. Another goal of continuing education in aging is to create situations within which professionals in aging services can learn new skills and techniques to improve the delivery of services. The provision of opportunities for continuing education, accessible to all professionals in this emerging field, is a challenge yet to be met.

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UNIT I
SECTION D

THE TEAM APPROACH TO TRAINING-PROGRAM PLANNING

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INTRODUCTION AND OVERVIEW

The use of a team approach to program planning and implementation distinguishes the training program development process described in this manual from more traditional approaches. This unit describes the rationale for and many benefits of the approach and presents guidelines for team-member selection and strategies for effective use of team resources.

DEFINITION AND RATIONALE

A team may be defined as a network of individuals representing various disciplines and agencies who commit their personal expertise, their resources, and to the extent possible, those of the agency they represent to the cooperative endeavor of the group. Mutual benefit and cooperation characterize the work of the team, and goals and objectives reflect the interests of the team as a group rather than individual members or institutions.

A team may be distinguished from an advisory board, which helps shape the policy of an agency's work and also brings together individuals representing different agencies and points of view. The advisory board serves a support or oversight function, while team members are closely involved in all phases of program planning and implementation. A team may also be distinquished from a consortium, in which institutional representation and mutual benefit to the institution comprise the main focus of the cooperation. Again, the involvement is not as immediate or direct as that of team membership.

There are a number of good reasons to use the team approach in program planning. Such an approach provides for a pooling of complementary resources and talents, and the expertise available for the various program development activities detailed in Unit II is broadened. Team members may act as catalysts for one another, bringing out unique combinations of talents and endeavors. The team approach also links agencies with one another in the creation of a training program that members tailor to meet community needs. This goes beyond the consortium or advisory board type of involvement; the team members are personally and professionally involved in specific tasks beyond discussions at meetings or plan development. The whole team's efforts can indeed be greater than the sum of the parts as members pool resources and expertise and the represented agencies and institutions invest in the efforts of the team.

As described in Unit II, the ideal outcome of the program planning process is the successful institutionalization of a training program. This process can be insured by careful planning and the involvement of key persons as team members.

TEAM MEMBER SELECTION

Steps toward institutionalizing training programs are taken from the earliest stages of team formation in the selection of team members. In addition to considering what talents, resources, and expertise are needed, a key quality to include is the ability to help institutionalize the training program and make it part of an ongoing program package after the initial training has been developed. The specific player or players selected to fill this role will vary with the local configuration of agencies and resources. A community college continuing education center or a human services training program may be likely sites for the continued training. Perhaps the local area agency on aging has an institutionalized in-service or preservice training program. The local medical association may be a source of continuing institutional support if regular training is provided. Retirement communities and long-term care settings in some areas have training centers, and these possibilities might be explored. Four-year educational institutions, if located near the community in question, may be possible sites to incorporate the training into existing degree programs (e.g., as an emphasis in an undergraduate human services training program). Key representatives from the counseling, gerontology, administration, and continuing education components of these facilities could be recruited for the team.

It is crucial to the successful institutionalization of training programs that persons, agencies, and institutions capable of helping make the training part of an ongoing program be involved from the beginning of the program planning process. This task of the team may be accomplished by cooperative efforts but may meet with only limited success if dependent upon the efforts of a single individual.

Additional Factors in Team Building

While a variety of considerations may be unique to specific communities, some important factors to be considered in forming any working team are:

a. What talents, resources, and expertise are needed and who has them?

b. Which institutions and agencies should be represented in order to insure that local needs are adequately addressed?

c. Who in the community would be crucial to the ultimate success of the program?

d. Which groups are most likely to be interested in, and willing to commit themselves to, training in improved communication skills for service providers who work with older persons?

e. Who has a track record or demonstrated expertise in the successful planning, implementation, and institutionalization of similar training programs in the community.

The Core Team

The first three sections of Unit I describe three areas of expertise crucial to the development of a locally responsive gerontological counseling or communication skills training program: counseling, aging, and continuing education. It is important, when forming a team, to include persons with expertise in counselor training and mental health; in aging and the aging network; and in adult and continuing education. Each field can bring important information and perspectives to the process.

The National Project on Counseling Older People, described more fully in Unit V, utilized a three-faceted model of team building through the selection of persons invited to a series of regional planning workshops. The core team recruited for participation in the workshops included counselor educators, area agency on aging staff, and state unit on aging staff. Representatives from continuing education programs were occasional members. The experience of many of the local program planners who developed training programs indicates that the inclusion of a continuing education person on the team is essential to effective and successful program development and institutionalization. The state unit representative often served as a consultant, with the area agency staff taking a more active role in program planning at the local level.

The core members of the team can be designated based on the nature of their positions and the contributions that each can make. Counselor educators are specified as team members because of the counseling and training expertise they are likely to bring to the process of training service providers in basic counseling and communication skills. Staff of area agencies on aging administer funds and programs to meet the needs of older persons, and they hire or advise local planning boards on the hiring of service providers. They have funds for training service providers, and they know the needs of both providers and older persons in their areas. State unit on aging (SUA) staff members serve a central administrative, coordinating function in relation to all area agencies in a state. SUAs conduct needs assessments for both services and training, provide training, and develop and administer the State Plan on Aging, which includes a training component.

A number of the exemplary programs described in Unit IV of this manual illustrate the benefits of involving team members from disciplines described above, and from other agencies as well. Unit II describes the various tasks team members will be required to complete. The inclusion of a variety of tasks dictates a need for multiple skills among the program planners, and this can be achieved through a team approach. Some factors to consider in program planning and team building might be: Who has the necessary public relations or publicity contacts and expertise to publicize the training and to recruit trainers? Where can the instructional support be found? Agencies involved may have faculty available, and in some cases the skills of these individuals have not been previously recognized. Indigenous talent can be recognized within the team and used to build the program. (This is another instance of how the total can be greater than the sum of its parts.)

HOW TO USE THE EXPERTISE OF TEAM MEMBERS

The development of the team and its cooperative work is an evolutionary process. Aiding this process and capitalizing on the expertise and resources available requires a delicate balance of knowledge of community development principles and use of group process techniques. Familiarity with the specific community in question and with existing relationships within the community are critical for effective team building within that community. If prior knowledge is not possible, then ongoing assessment of team member capabilities and of working relationships between members would help guide the team's efforts. Personal involvement and investment and building on existing talents and strengths are critical factors in good teamwork. It is also crucial that all members believe in the benefits of being involved in the team's efforts, and including every member in the initial goal-setting process can help insure this commitment. Recognition of the benefits outlined below can also serve to cement relationships and strengthen commitments.

BENEFITS OF THE TEAM APPROACH

There are a number of benefits members can derive from a team approach. Cost benefits are generally sought by all team members and can be seen in the following:

- conservation of resources, not duplicating efforts
- using existing community resources rather than bringing in outside consultants
- development of an ongoing training program which is past the initial costly planning stage
- dissemination of a program
- expansion into other programs
- wider recognition

Related to this is the fact that cost benefits also accrue as a result of the effects of the training on trainees. In particular, service providers are more satisfied and there is less staff turnover; and they are better able to serve the older persons with whom they work. This is an indirect yet important benefit of the more comprehensive training programs resulting from team involvement.

There are many other benefits of using the team approach. Members who see themselves as part of a team can be more motivated, involved, and willing to invest their time, energy, and resources. The development of a team actually increases the possibility that the program will be followed through to completion. If a member drops out or becomes temporarily unavailable due to other pressures, other members can fill the gap. Through sharing instructors, curricula, evaluation techniques, and other resources, a higher quality training package can be developed and disseminated through the channels of the represented agencies. Wider recognition is possible, and the cross-fertilization of efforts can result in broadening perspectives and innovative approaches. The broad base of support provided by a team that links key persons in each agency can provide the means to tap major resources for the program's development and institutionalization.

Linkages between individual members and cooperation between represented agencies can produce long lasting benefits. The success of one training program can lead to increased interagency knowledge, credibility, respect, and further cooperative efforts. Through building liaisons resources can be better coordinated and used. The development of a comprehensive, coordinated approach to service delivery is a mandate for area agencies on aging, and training is an integral component of the service delivery system. The team approach offers a vehicle to achieve this goal and can help meet the community's challenge to develop a continuum of services to older persons.

Aging network personnel can build liaisons with educators and trainers, and all can work together to develop more effective service delivery systems to benefit older people. Counselors can become advocates for their profession and establish credibility for themselves and their services. Continuing education programs or centers can receive publicity and wider recognition as valuable and accessible resources within the community.

The programs described in Unit IV provide a number of examples of how the team members' involvement with the National Project led to continuing working relationships and the development of additonal linkages. One counselor educator involved in the project was appointed to the steering committee in his state for allocation of training resources. Several others developed graduate courses on counseling older people and recruited aging network staff to participate in university classes. Others developed close working relationships between multiple agencies and educational institutions and were able to implement consortia approaches to program planning. In Florida, service providers who participated in a training program chose to seek advanced skills classes from the university. Staff in other regions in the state heard of the training and requested that it be conducted in their areas as well. In Oklahoma, the regional mental health office began seeking funds to implement a proven training program on a regionwide basis in mental health centers. These are only a few examples of the potential for increased cooperation stemming from the team approach to program planning.

Some difficulties may occur when using the team approach. Among these are coordinating meetings; working with different styles of communication, planning, or training; accepting responsibility to accomplish specific tasks; and making commitments and devoting time. It does seem that the potential benefits of increased cost-effectiveness, broader base of support, and a pool of resources and talents warrant the effort.

SUMMARY

The development of a team to plan and implement gerontological counseling or basic helping skills training has a number of advantages. Using a team may increase the base of support from key people in the community; make available talents and resources from a variety of sources; increase cooperation among continuing education, counseling, and aging personnel, agencies, and programs; result in wider dissemination and expansion of efforts; and achieve various cost benefits such as conserving resources by using existing talents and not duplicating efforts. This section highlighted issues in team member selection and outlined general considerations in the use of this approach. The team approach was presented as one potentially effective means of developing locally responsive training programs that reflect the goals and priorities of relevant key community agencies. While presented within the context of basic helping skills training, the approach can also be adapted to other training content areas.

UNIT II

PLANNING, DEVELOPING, AND IMPLEMENTING TRAINING PROGRAMS

UNIT II
SECTIONS A THROUGH J

CONTINUING EDUCATION PROGRAMS IN GERONTOLOGICAL COUNSELING: TEAM FUNCTIONS FOR PLANNING, DEVELOPMENT, AND IMPLEMENTATION

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Dr. Loesch has worked as a teacher, computer programmer, and school counselor. He is very active professionally and has published over 50 articles and monographs as well as a new book on leisure counseling. He is President Elect of the Florida Personnel and Guidance Association. He received the Distinguished Service Award from the Florida Association for Counselor Education and Supervision, among numerous other honors.

He has been a Consultant for the National Project on Counseling Older People as well as a National Trainer for the Project.

CONTINUING EDUCATION PROGRAMS IN GERONTOLOGICAL COUNSELING: TEAM FUNCTIONS FOR PLANNING, DEVELOPMENT, AND IMPLEMENTATION

SECTION A: INTRODUCTION

Rapidly increasing numbers of older persons, changing societal circumstances, expressed needs from older persons themselves, and a variety of other indicators provide evidence that many older persons need some form of "counseling" assistance in order to lead effective, satisfying, and meaningful lives (see Unit I, Section A). In addition, professionals such as counselors, psychologists, and sociologists increasingly advocate from both humanistic and human resource utilization perspectives that a continuum of mental health services must be available to older persons. Indeed, the nature and extent of the National Project are significant testimony to the recognition of this need. Yet while the need is evident, substantive problems prevent meeting it. Not the least of these problems is the difficulty inherent in equipping service providers with effective communication skills that can be suitably used with older persons. These preparation difficulties are not insurmountable, but their resolutions necessitate careful program planning, development, and implementation.

The team approach described in section D of Unit I is especially important for overcoming potential difficulties in program planning, development, and implementation of communication skills training programs. Training service providers to older people to communicate more effectively within existing jobs is considerably different than providing training within typical parameters of educational institutions. These differences include things such as the locations, schedules, resources, and personnel used for training, as well as the unique characteristics of the trainees. Consequently, in order to address effectively the constraints and the demands of training this target group, a variety of professionals (i.e., a team) must be involved in the training activities.

The need for mental health services for older people has an effect both on those who would provide such services and on those who train providers of such services. Both groups become very action oriented; they want to do something, and they want to do it quickly. This is of course a noble aspiration but, unfortunately, one which often leads to considerably less than effective results. Effective helping takes time. Correspondingly, people who train service providers to be helpers recognize that the development of even so-called basic helping and communication skills is a time consuming process. A fundamental premise of continuing education for gerontological counseling therefore is that sufficient time should be allowed for it.

What is sufficient time? Well, most professionals engaged in helping skills training view it as a lifelong process. This is of course an extreme view. The point is that continuing education programs cannot be effective on a short-term basis. For example, among the programs described in Unit IV, the New York program used weekly training sessions, the Pennsylvania program used a 4-day workshop and a follow-up session, and the Florida program used 12 workshops for the provision of initial training. Accordingly, training-team members must be both willing and able to make relatively extended comitments to and time investment in the continuing education program.

The essence of effective continuing education programs, whether for the development of gerontological counseling skills or anything else, is very simple: Effective planning leads to desired and anticipated results. Some authorities on continuing education programming suggest that an effective process involves 90% planning and 10% doing. This may be an underestimate. *The need for effective planning cannot be over emphasized.* Activities should be coordinated rather than haphazard. Difficulties should be anticipated, not reacted to only after they occur. Contingency plans should be developed before troubles arise, not out of panic after the program plan is finished.

Logical questions may arise at this point as to planning for what, by whom, when, and how. The remaining sections in this unit will suggest the major points to be considered in program planning, development, and implementation. Unfortunately, space does not permit extensive elaboration on the points cited or enumeration of all the points which could be considered. The discussions that follow, however, should provide a solid foundation for planning for individual situations. The purposes of the sections in this unit are, therefore, to stimulate thinking about major factors in program planning, development, and implementation.

In order to facilitate use of this manual, Sections B though J follow a simple format. The section titles represent the nine major considerations in effective program planning, development, and implementation used by the National Project in the selection of exemplary programs. The subsections within the sections are specific points that merit greater attention. This is an outline format to streamline use of this manual and to provide a logical sequence of activities. These key elements of the program planning process are repeated in checklist form at the end of this unit. The checklist may be used by teams as they proceed through the various steps and individualize their program in response to the needs in their local area. It should be remembered, however, that continuing education programming is a coherent process and that the components are not separable. The subdivisions used here are for presentation convenience only. Programming involves many equally important components that often must be considered simultaneously. The use of the accompanying checklist can help teams focus on each activity and the assignment of team resources to complete the required tasks.

One final point should be made about the following sections. Most of the topics covered are neither original nor attributable to single sources. Most of the points suggested have in fact been made by numerous other authors. For the sake of stylistic simplicity, the respective sources are not cited in the text. Rather, a composite bibliography is presented at the end of this unit.

SECTION B: STARTING POINTS

The decision to initiate a continuing education program in communications skills requires the commitment of human resources to the program and financial commitments as well. It is a decision in which the potential advantages and disadvantages should be weighed carefully. Both the current situation and the resources that might be utilized need to be weighed if a program is initiated.

1. *Determining the Status Quo*

The basic question to be answered is whether there is a need for a continuing education program. While the need may seem obvious to some people, it may not be obvious to others. Consequently, a definitive need for a program should be established before any additional work or planning is done. One way to evaluate this need is to try to provide answers to questions such as the following.

a. *Are counseling and other mental health services readily available to older persons in the area being served?* It was suggested earlier that many older persons are in need of and could benefit from supportive counseling services (see Unit I, Section A). It follows that older persons should have ready access to counseling and other helping services and to persons with helping skills. Although every person who interacts with older persons need not have these skills, the provision of perhaps all social services can become more meaningful for the older recipients of services if the provider can establish a helping relationship with them. Thus, if a service area already has a substantial number of persons who are trained in counseling skills, it may still be desirable to implement a training program in basic helping skills for service providers who already work directly with older people.

b. *Are other helping skills training programs available?* In some regions service providers may have ready access to existing opportunities for training in basic and advanced helping skills. For example, many colleges, universities, and community colleges offer courses in human relations, interpersonal skills development, and communicating. If such opportunities exist, is it necessary to duplicate or formalize them? Such courses typically are not geared specifically toward working with older persons, and the importance of specific content related to older persons needs to be weighed. The effective application of helping skills to work with older persons requires additional training oriented to the specific needs of older persons and those who work with them.

c. *How many people are in need of training in basic helping skills?* Answering this question necessitates consideration of both the number of persons who could participate in a program and the existing helping skills of those persons. For example, while there may be many people who could participate in a program, it may be that a substantial portion of them already have such skills. Perhaps there may not be enough people in need of such training to warrant development of a program. Conversely, there may be so many people who need this training that an in-house coordinated continuing education effort may be just too big an undertaking.

d. *If a program were available, would people participate in it?* This is a very difficult but important question to answer. Obviously people do not always take advantage of the opportunities available to them. Has there been any expression of need for a communication skills training program from the service providers who would (or should) participate in the program? Would it be necessary or possible to require people to participate? Have potential participants voluntarily engaged in any other similar or related continuing education activities? What are the rewards, if any, for people who participate in such a program? People who administrate or coordinate service provision for older persons often have different perspectives from the people who actually provide the service. If administrators impose their values on an unwilling staff, the continuing education program is doomed from the beginning.

e. *Would service providers use helping skills if they had them?* Helping skills training can be forced upon participants but you cannot force them to use the skills. The point is that people might participate in a continuing education program for any of a variety of reasons (e.g., feeling forced to, avoiding work), but that does not necessarily mean they will use the skills in their interactions with older persons.

Finding valid answers to questions such as these is essential for decision making. To act on the basis of invalid information or perceptions is to invite inefficiency, waste, and possible failure. Further, valid information is essential for effective financial decision making and for the development of preventive aging service activities. As the exemplary programs presented in Unit IV typify, however, the answers to questions like these usually will support the need for continuing education programs in basic helping skills for those working with older persons. Acting on that assumption, then, the next step is to identify and evaluate the resources needed for developing and implementing such a program.

2. *Identifying and Evaluating Necessary Resources*

For the sake of convenience, the resources necessary for a continuing education program may be clustered into three general categories: human, material (e.g., training aids), and physical (e.g., facilities). As in the preceding portion of this section, an easy way to consider these types of resources is to attempt to answer a series of questions. It should be noted that the answers to these questions have both quantitative and qualitative components. Just because a resource is available does not mean that the resource is a good one.

a. *Who is available to plan, develop, and implement a continuing education program?* The essence of this question is who is available to be responsible for the program? Lots of people have good ideas for programs, but they do not want to assume the responsibility for implementing the ideas. A related question is What are the program related skills or talents of the people available? Some people are good at generating ideas, others at coordinating activities, still others at record keeping, and so on. It is not necessary that every person involved have all the necessary program related skills, but it is essential that all needed skills be represented.

b. *What time commitments are available for the program?* It may be that the people who assume responsibilities for a continuing education program will also have numerous other responsibilities. The assumption of program responsibilities therefore may necessitate either an addition to, or replacement of, other responsibilities. How feasible is it for each person who might be involved to make such realignments of responsibility?

c. *What skills are necessary for the effective implementation of a program?* Any continuing education program requires a variety of skills. *The more common ones include teaching, planning, evaluation, coordination, clerical, financial, and materials processing skills.* Depending on the nature of the project, others might include audio-visual materials use, legal, public relations, political skills, or other.

d. *What material resources are available for the program?* Like any educational endeavor, continuing education programs for the development of helping skills will be most effective if they use a variety of material resources. Most obvious of course are things such as books, workbooks, media materials, and other teaching or learning supplies. In addition, for helping skills training, other types of equipment such as audio and videotapes are also highly desirable. Finally, any even moderate size program will need its own office supplies and equipment.

e. *What physical resources are available for the program?* All too often continuing education programs wind up having to use excess space, unused buildings, or available situations. Such physical resources not only inhibit effective training but also have negative psychological effects on participants. If the program does not merit adequate facilities, how important can it be? The evaluation of physical resources should also take into account accessibility. A good resource that is hard to get to is not really a good resource.

f. *Will there be continuing institutional or organizational support?* Continuing education programs are developed from the best of intentions; however, things do not always go as planned. Consequently, it is important to determine the nature of institutional and organizational support for the program. Will the program support continue if the program extends longer than anticipated? Will the program be discontinued if program evaluations are not as positive as they might have been? Will opportunities be provided to alter the program in response to the evaluations and to continue the training? The answers to questions such as these may have significant implications for the form of a particular program.

Consideration of the current situation and the identification and evaluation of resources are the beginning steps in effective programming. They are, however, essentially thinking activities. As such, they are usually best achieved through brainstorming among a small group of people. The results of this brainstorming can do a lot to determine the directions and goals of any proposed continuing education program.

SECTION C: ESTABLISHING GOALS AND OBJECTIVES

The most important activity for a continuing education project is the determination and statement of what the program is designed to accomplish. In other words, it is extremely important to specify clearly and succinctly the program's goals and objectives. As the saying goes, if you don't know where you're going, you'll probably wind up some place else.

Statements of goals and objectives for a continuing education program should be in concert with goals and objectives of other service programs for older persons. This helps to maintain continuity in services provided and also helps staff understand directions and perspectives on services provided. Thus, an important part of establishing goals and objectives for a continuing education program is consideration and understanding of goals and objectives for related service programs. For example, if a service program is for transportation, socialization, and meals, a training program in basic helping skills must consider effective means of using those skills within the context of the service program. The providers will still drive vans, serve meals, and coordinate social events, and they will use the basic helping skills to be better communicators as they perform their jobs.

The process of effectively establishing and stating goals and objectives is more involved than most people realize. This is in part caused by the often misunderstood differences between goals and objectives, and in part by the need for thinking in different ways (i.e., behaviorally). A complete discussion of creating goals and objectives is not possible here; literally hundreds of books and articles have been written on these processes. What can be provided are a few basic principles and some examples. Those involved directly in creating and stating program goals and objectives are urged to consult appropriate references listed in the bibliography at the end of this unit.

1. *Determining and Stating Program Goals*

A goal statement is simply a global statement of what the continuing education program is supposed to achieve. A goal statement provides very little specific information about the program, the processes used in the program, or the outcomes of the program. Rather, a goal statement implies what might happen if the program is successful. Accordingly, a goal statement is akin to a philosophical ideal; it is an idealistic abstraction rather than a clear reflection or description of reality. This is not to suggest that goals are not achievable; on the contrary, programs are supposed to achieve their goals. The point is that goals are usually achieved to some degree rather than in their entirety. The following examples of goals that might be appropriate for continuing education programs are taken from the Oklahoma program described in Unit IV.

- To improve the availability and acceptance of mental services for persons over age 60.

- To improve the natural care giving capacities of the target population.

As with any goal statements, these are potentially subject to criticism (e.g., the target population in letter b could be specified); however, these statements are good examples of goals that teams might develop. Additional examples of good goal statements may be found in the descriptions of the exemplary programs in Unit IV.

The following are examples of goals that might be appropriate for continuing education programs intended to help service providers for older persons develop basic helping skills.

- This program will improve services to older persons through the provision of helping skills training for all service providers in the planning and service area.

- This program will enable older persons in the planning and service area to express their concerns to a person trained in basic helping and communication skills and thus have better access to needed community services, including mental health care.

It is of course possible to "pick apart" these goals. For example, in the first it is unlikely that helping skills can, or even should, be used in all service activities. In the second, there is no guarantee that all older persons will have access to needed community services simply because they express their concerns. Statements such as these do provide targets to shoot for, however, and therefore suffice as goal statements. Additional examples of desirable goals may be found in the program descriptions in Unit IV.

2. *Determining and Stating Objectives*

In contrast to goals, objectives are considerably more specific. Statements of objectives are usually subsumed under statements of goals so that the methods of accomplishing the goals may be more easily understood. A good objective is one that is specific, easily understood, and subject to only one interpretation. Objectives should describe behaviors that are recognizable and definitive.

There are two basic types of objectives: process and outcome. These types in effect reflect a means-end relationship. Process objectives tell *how* something will be done and thus describe the means. Outcome objectives describe what will *result* from some activity and thus are the ends. While process and outcome objectives are often presented together in lists of objectives, the two types should not be confused. Each type serves a different purpose, but both types are important for effective program planning. The following are some examples of possible continuing education program objectives:

- Of the area H service providers in job classifications II-VII, 50% will have completed the first training workshop by October 15, 1985.

- By the end of the second area C one-day workshop, 80 % of the participants will be able to identify at least 7 out of 10 examples of roadblocks to communication.

The first example here is a process objective, while the second is an outcome objective. Additional examples of objectives may be found in the descriptions of programs in Unit IV.

There are two final points about objective statements. First, a good objective statement incorporates consideration of who, what, where, when, and how. Second, a good objective dictates its own evaluation: The criteria specified are either met or they are not. In other words, objectives are statements that are both measurable and attainable.

3. *Short and Long Term Goals and Objectives*
The types of goals and objectives just described can be developed for either short-term or long-term purposes. In most continuing (i.e., on-going) programs, both types of purposes are used.

Short-term goals and objectives are literally what the term implies. That is, these goals and objectives are intended to be accomplished in restricted time periods. Conversely, long-term goals and objectives take a relatively long time to achieve. The relationship between short- and long-term goals and objectives is a simple one. Long-term goals and objectives are achieved through the cumulative achievements of short-term goals and objectives. By analogy, you get to the top of a ladder by taking one step at a time.

Effective program planning almost always necessitates that long-term goals and objectives be developed first. This enables planners to have the big picture. Once the long-term goals and objectives are determined, the steps (i.e., short-term goals and objectives) can be determined.

4. *Idealism and Realism*
One of the more difficult apsects of program planning is maintaining an appropriate perspective on reality. All too often program planners develop long-term and sometimes short-term goals and objectives that would, if fully achieved, turn the world around. Obviously such idealism is self defeating. Goals and objectives should be reasonable. The worth of the program lies not in the magnificence of its goals and objectives but in what is actually achieved.

On the other hand, some program planners use goals and objectives that are too restricted in impact or narrow in scope. While this may make the achievements of the goals and objectives considerably easier, it also serves to decrease the credibility of the effort. That is, if the goals and objectives are very easily achieved, why bother with the implementation of the program? Program planners must strive to develop goals and objectives somewhere between those that are too easy to achieve and those that are impossible to achieve.

How is a reasonable set of goals and objectives developed? Primarily by having input from different people, including potential participants, trainers, administrators, and others in the goals and objectives development process. Unfortunately, goals and objectives statements are often developed by planners or persons with leadership responsibilities for the program. Again, their perspectives may be different from those who will eventually participate in the program. Consequently, whoever may have reason to be involved with the program should be involved in the development of its goals and objectives.

The effective use of participant and administrator input in the development of goals may be seen in the Virginia exemplary program description (see Unit IV). In that program, the advisory committee, composed of representatives from selected groups, met with the team members to establish goals. Older persons were included in this advisory group, and this practice was found to contribute to the responsiveness of the program in Virginia and other locations.

SECTION D: TAILORING A CONTINUING EDUCATION PROGRAM TO LOCAL NEEDS

Commonalities in continuing education programs include things such as statements of goals and objectives, the use of some form of instruction, and program evaluation procedures. The specific form of instruction, however, is unique for any given continuing education program. Reference to the exemplary and other programs in Unit IV will readily verify this. A variety of processes can be used to plan, develop, and implement a continuing education program. Similar processes are used in most cases, but the processes are uniquely conducted in each situation. Consequently, the following suggestions afford general guidelines which can be tailored to the demands of a specific community or geographic area.

1. *Determining the Target Trainee Group*

Continuing education programs obviously are created to serve some groups of persons. Therefore, the determination of an appropriate target group for the continuing education program is an integral part of the overall process.

This determination process usually begins by identifying and listing possible target groups of service providers within the area to be served by the continuing education program. This is usually done by listing the various job or worker classifications in the region's network of services to older persons. The next step usually is to provide estimates of the number of persons in each classification who might participate in the program. This step should take into account what previous helping skills training, if any, each classification of workers might have had. These two steps should yield information on the potential breadth and extensiveness of the proposed program.

The subsequent set of activities involves the simultaneous consideration of a number of factors. For example, there should be a ranking of the potential target groups' needs for continuing education. Similarly, if more than one group or classification of service providers is to participate, which groups may be most effectively combined? For example, combining lower level staff with administrators may be good for staff relations but it will be difficult to establish instructional activities that are suitable and interesting to both groups. Finally, there should be an estimation of the existing skills levels of the various service providers in each classification. For example, if the continuing education is to enable service providers to develop basic helping skills, how many service providers in each classification already have such skills?

Careful consideration of these factors should help determine the most suitable target population for the continuing education program. At the same time, this determination will guide many of the practical considerations of planning the program. The 13-step model described in "Assessing Training Needs" provides useful information about how to conduct this process (See Unit III, Section A).

2. *Determining Learning Needs*

Once the target population has been identified, the next step is to gather more specific information about the learning needs of the target population. These learning needs were estimated in the preceding step, but more accurate information is necessary in order to develop the most appropriate continuing education program.

One way of clarifying learning needs is to survey the target population (this and other techniques are described in detail in Unit III, Section A, "Assessing Training Needs"). Thus they could be asked (through a questionnaire or interviews) what they would like to learn; however, this may produce biased information. For example, how valid is it to ask people what they need in areas about which they know little? In addition, there may be a tendency to underestimate learning needs for fear of appearing incompetent. Nonetheless, this information should be helpful.

Another way of clarifying learning needs is to determine the previous learning experiences of the target population. Thus they could be surveyed as to previous formal learning experiences (e.g., level of education completed, elective courses completed) and informal learning experiences (e.g., books read, workshops attended). Together these activities allow estimation of the next logical step in the target population's learning sequence.

Two other clarification procedures are also potentially appropriate. The first is to ask the target population's supervisors for input on the target population's learning needs. The second is to ask older persons who have interactions with the target population about the types of skills they would like to have from the target population. These methods are both highly subjective, but they do add supplementary information about the learning needs of the target population.

3. *Considering the Needs of Older Persons*

While it is possible to conduct a continuing education program that will enable the target population to develop a variety of helping skills, the program should develop those skills that are most appropriate to the older persons to be served. Thus the service needs of older persons, especially those related to mental health issues, should be given careful consideration.

Methods similar to those in the preceding section can be used to clarify the needs for helping services among older persons in the area. For example, surveying a sample of older persons, either through interviews or survey questionnaires, is one method of obtaining such information. Relatedly, persons in the target population can be asked what skills they would like to have in order to be more effective in the provision of their respective services for older persons. Staff supervisors and administrators similarly can provide input. Collectively, the information from these procedures should provide a good sense of the needs of older persons.

One additional method of gathering information about the needs of older persons for helping interventions should not be overlooked. That method is consultation with or from professionals who have expert knowledge of the counseling needs of older persons. Such professionals should be able to provide comprehensive and composite perspectives of the research on the counseling needs of older persons, and should also be able to suggest the part of these needs that service providers, trained as informal helpers, will be able to meet.

Knowledge of the counseling and mental health needs of older persons is essential to the development of the curriculum for the continuing education program since such knowledge provides crucial information for defining and delimiting the program. In addition, it is important for insuring that continuing education program goals and objectives are in accord with circumstances in the real world. A good example of a creative approach to assessment may be found in the multidisciplinary Tennessee program described in Unit IV. This team used a model of evaluation that entailed observation, interviews, questionnaries and tests, and documentation from background sources. They surveyed program directors and identified competencies sought in employees. These skill areas were then included in the training program.

4. *Determining Curricular Components*

Consideration of the learning needs of the target population and the mental health service needs of older persons in the area should lead to identification of specific curricular components. In most cases, these components will be diverse because of the diversity in learning and service needs. Accordingly, the various components under consideration should be listed and prioritized.

The list of curricular components might include things such as basic attending skills, individual helping skills, referral skills, assertiveness skills, and so forth. Obviously, a continuing education program will not be able to incorporate all the possibilities. Therefore, the next step is to estimate how much space (i.e., time) in the curriculum will be necessary for the successful completion of each component. These estimates should then be listed next to the corresponding items in the list of potential curriculum components. The appropriate next step is, of course, to consider the practical limitations of the proposed program and to see how many potential components (from the top priority down) can be incorporated within those limits. Remaining components can then be considered for a subsequent program, or participants can be advised as to other methods (e.g., readings, courses) for gaining those skills.

5. *Additional Practicalities*

After the desired essential components have been identified, it is time to examine some other practical considerations in attempting to implement the program. It is important to note, however, that this portion of the planning is still in the beginning stage and is a step in the refinement process leading to an effective continuing education program.

One practical matter that also must be considered is the type of instruction that will occur in the continuing education program. Decisions about the type of instruction are tied to who will provide the instruction. Thus the potential instructor(s) for the program must be identified at this time. If a team approach has been used, these instructors will (often) have been members of the team from the inception of the program. This is the most desirable situation, but it does not preclude selection by other means. Two tactics are possible. One is to identify the instructors and then determine what they are competent to teach. The second is to identify what needs to be taught and then to find instructors to teach it. Of these, the latter is preferable because it is consistent with good program development practices. In reality, however, some combination of the two tactics is typical.

Another practical consideration that needs attention is the schedule for the continuing education program. The general rule of thumb is that the schedule should be as convenient as possible for the potential participants. If at all possible, it should be incorporated into the existing work schedules of the target population. This is justifiable if the program is as important as it is supposed to be. In any event, convenience is the primary factor in scheduling: People learn best when learning experiences are readily available.

A third practicality which should be considered is the location for the continuing education program. Here again convenience is a primary consideration, both for the participants and the people providing the instruction. In addition, the availabilities and suitabilities of physical resources must be considered. Thus convenience must be weighed against the resources available. In some cases, some convenience may be sacrificed if a less convenient but distinctly more advantageous physical facility is available. The Virginia exemplary program provides an example of how trainees' needs can be considered when selecting locations. Program schedules and locations were varied to meet the needs of the volunteers being trained.

These then are the major factors to be considered in localizing a continuing education program. For the most part consideration of them entails some headwork and some legwork. The effort is essential, however, if the program is to have a chance to be successful.

SECTION E: REFINING PROGRAM CONTENT AND STRUCTURE

Once the general curricular components have been identified, the next step in the sequence is to establish specific guidelines and practices for the instructional process. Again, these refinements will often be unique to individual continuing education programs; however, some basic principles also may be offered here.

1. Determining Content

What to teach is a quandary that has perplexed educators down through the centuries. It is easy enough to state that the content should reflect and meet learning and service needs, but exactly how is that done? While there are no magical procedures that are suitable for establishing content for each program, there are a number of ways of determining possible content.

Perhaps the best way to determine instructional content is to evaluate carefully the information that has been gathered thus far. That is, at this point the team should have substantial information (e.g., previous learning activities) about the potential participants and also about the clientele to be served. The team, therefore, should be able to make specific recommendations about the content of the instructional and training activities.

Another way to determine program instructional content is consultation with professionals. Persons with experience in providing counselor training for varieties of people and who have demonstrated effectiveness in their instructional activities can present specific suggestions for program content. Further, they will be able to help tailor those suggestions to the goals and objectives, needs and practicalities of any individual continuing education program. The involvement of team members with a variety of backgrounds and skills can help insure the availability of the needed expertise. This and other benefits of the team approach are described in Unit I.

A third potentially appropriate way to determine program instructional content is to borrow from existing programs. The exemplary programs described later could be very helpful in this regard. The major advantage of this approach is that the content areas from other programs have been tested in practice. The major limitation of course is that what is appropriate content for one program may not be so for another.

A fourth possibility is to use any of the numerous prepackaged instructional programs that are available. Some of these instructional programs are highly structured and in some cases almost self-instructional. They therefore minimize the need for highly qualified and perhaps expensive instructors. Again, however, they may not be completely appropriate for a given continuing education program. In addition, some of them are expensive to obtain and implement. Finally, even though these types of instructional programs are highly structured, there is still the need for a professional counselor to supervise training activities.

The best and most appropriate continuing education program content is usually derived from a combination of these methods. Thus the way to have the best program content is to combine components of content from a variety of sources.

2. Structuring Instructional Sessions
There is a limit to the amount that a person can learn in any given time period. It may seem mundane to note that, but it is amazing how often the idea is overlooked when continuing education programs are set up. All too often, under the guise of efficiency, people are overwhelmed in instructional processes. They are required to learn too much too fast. The result is usually the opposite of what was intended. The participants do not learn what they were supposed to learn in the allotted time and, therefore, the process is either ineffective, or inefficient, or both.

The learning and development of helping and communication skills is particularly susceptible to instructional impatience. To be sure, the cognitive aspects of helping can be taught effectively in relatively short time periods; however, the achievement of competence in using these skills takes time. People simply cannot become proficient in the use of even basic attending skills by merely participating in a few role playing exercises in a classroom or workshop. Helping skills must be practiced over and over in many situations before people become proficient in their use.

There are several implications from these points. First, the teaching of helping skills should be broken down into manageable units (e.g., specific skills). Such skills should be taught one at a time, in an appropriate sequence (e.g., attending skills are usually taught first). Second, participants in helping skills training should have time to practice each skill in different situations before the next skill is taught. Third, helping skills trainees should receive feedback and supervision in their practice experiences.

These recommendations should not be construed to imply that a separate training session is necessary for each skill to be developed. Rather, they are offered as a caution to proceed at a reasonable and effective pace. In addition, they serve to emphasize that helping skills training should incorporate both didactic and experiential learning activities. All of this takes time. Thus while specific numbers of training sessions cannot be suggested, it can at least be emphasized that numerous instructional sessions will be necessary for the development of even basic helping skills. The New York exemplary program provides a good example of a format and sequence for this type of training. Six three-hour training sessions were held on a weekly basis, allowing sufficient time between sessions for practice and integration. The content of the sessions followed a logical sequence with each session building on previous content areas. A follow-up meeting was held to further reinforce the learning.

3. Instructional Resources
As noted, helping skills training should incorporate both didactic and experiential learning activities. This recommendation was made in recognition of the fact that some people learn best by being told about something, some people learn best by doing something, and some people learn best by a combination of both. Thus the incorporation of both experiential and didactic learning activities covers all the possibilities and affords each participant an opportunity to learn in the personally most appropriate manner.

Educators have also long recognized that there are both visual learners and aural learners. Visual learners are people who learn most effectively by seeing things. These types of learners like to have texts, diagrams, charts, drawings, videotapes, and other visual media incorporated into instructional processes. Aural learners, on the other hand, learn most effectively by hearing things. These types of learners like to hear things repeated, to hear different perspectives and opinions on topics, and generally to listen to media such as cassette tape recordings.

The two types of instructional activities (didactic and experiential) in combination with the two learning modes (visual and aural) yield four possible combinations. An effective instructional process allows for tailoring the instruction to the specific needs and strengths of the learners, thus maximizing the likelihood that participants will in fact learn what they are supposed to learn.

The immediate implication of these perspectives on instruction is that a variety of instructional resources should be available for any continuing education program. Books, handouts, media, laboratory space, library resources, informal meeting rooms, and professional journals are among the more common instructional resources that should be available. Collectively, these resources should allow each participant to have effective and personally relevant learning experiences. The Florida exemplary program, which used videotapes, experiential learning activities, and didactic instruction, illustrates well an effective combination of training approaches.

4. Instructional Activities

The learning process does not have to be dull; unfortunately, it often is. Dullness and accompanying participant boredom sometimes result from lack of variation in the instructional process.

One effective way to vary instructional processes is to use experiential activities as teaching/learning activities. The most commonly used activities in helping skills training include role playing and small group activities. Other activities may also be appropriate. For example, simulation of TV game shows could be used to test the extensiveness of cognitive learning. Similarly, asking participants to create a script for an interaction between a service provider and an older person can be used to help participants understand basic concepts and behaviors. In general, a little creativity goes a long way toward making a learning process interesting.

A second effective method for maintaining or increasing instructional interest is to use field experiences as part of the learning process. Obviously, learning may occur in places other than classrooms. The use of field experiences may allow participants to have a better understanding of how basic principles of helping are manifested in real-world interactions. The inclusion of counselor education and aging network staff on the team can help make practical learning sites available for these needed experiential activities. For example, if appropriate facilities are available, the participants could be allowed to view a professional using counseling skills with an older person. After sufficient training, the participants themselves could be allowed to practice their own newly learned helping skills with older persons in a supervised practicum situation developed in a senior center, nutrition site, or other setting.

Two cautions about the various possible instructional activities that could be used are in order. First, experiential classroom activities should be directly related to current content areas. Doing things just for fun alleviates dullness and boredom but it wastes participants' time. Second, if participants practice newly learned skills in field settings, they should at least initially be supervised closely by professionals with demonstrated effective counseling skills. This is to ensure that participants do not inadvertently do psychological harm to the older persons with whom they interact. More about the value of supervision can be found in Volume III of this set of manuals: *Counseling Older Persons: A Trainer's Manual for Basic Helping Skills.*

5. Using Classrom Guest Presenters

A common practice in continuing education programs is the use of guest speakers or presenters. These persons are often utilized for one or more of the following reasons: (1) to add variation to the instruction process; (2) to have an expert talk on a topic; (3) to fulfill inter or intraorganizational political or social obligations; and (4) to enable the instructor to somehow fill up the allotted time. The first two reasons are credible; the last two are inappropriate and do not justify the use of outside presenters.

The selection of guest presenters in the instructional process should receive more attention than it usually does. All too often guest presenters are selected simply because they have expertise on some topic. Certainly expertise should be a selection criterion; however, other criteria should also be considered. Is a potential guest presenter a good speaker? Does the person have a reputation for being well received by similar audiences? Does the person understand the unique needs, circumstances, and abilities of adult learners? Does the person do a thorough job of preparation for guest presentations? Is the person aware of the goals and objectives of the continuing education program? Can the person use examples that are pertinent to the participants? And, finally, does the person really understand the situtations encountered by service providers? Answers to questions such as these should allow for the selection of appropriate and effective classroom guest presenters.

This section has covered some of the basic considerations in determining effective content and structure for continuing education programs for the development of basic helping skills. The considerations covered are not, however, all encompassing; others will arise in planning, development, and implementation processes. The major point inherent in these considerations is, again, that they should be evaluated before a program is initiated to help ensure the success of the program.

SECTION F: FINANCIAL NEEDS AND CONSIDERATIONS

Continuing education programs, like almost everything else, cost money. Consequently, cost factors play an important role in the potential nature and scope of a continuing education program. As with other program aspects discussed previously, it is impossible to specify the exact costs for any particular program. Again it is possible, however, to identify general and common types of program costs.

1. Determining Program Costs

The costs of implementing a continuing education program intended to develop helping skills are directly related to the number of people who will participate in the program. However, the relationship is not a perfect one. That is, it is not possible to determine a per person cost figure, which would in turn allow for increases or decreases in program size by simply adding or subtracting x dollars on the basis of y people. This is because some cost factors are not contingent upon the number of people in the program. In general, two categories of cost factors must be considered: fixed costs and variable costs.

a. *Fixed Costs.* The fixed costs expenses for a program are those that are not directly tied to the number of people participating in the program. Such expenses are sometimes referred to as minimal costs. The most common example of a fixed cost is a rental fee for the use of a facility. Some facility must be used regardless of the number of participants and a facility charge, therefore, usually is evident. A classroom is needed regardless of whether the class contains five or fifty persons. Certainly the size of the classroom may be varied, and, therefore, the rental fee varied, on the basis of the number of participants, but there is usually at least some minimal fee regardless of the room size.

Another common example of fixed or minimal charges are those for instructors. The fees paid to instructors are typically related to the extensiveness of their teaching activities, not to the number of participants in the class. Again, teachers can perform teaching with widely varying numbers of participants, but they get paid the same amount for the act of teaching.

b. *Variable Costs.* The variable costs for a program are those directly and inseparably related to the number of participants in the program. A common example of variable costs are instructional and educational resources. If textbooks are used as part of the instructional process, then only as many textbooks as there are participants need be purchased. Other types of variable cost items include things such as numbers of audio or videotapes (if used), assessment materials, and anything else dependent on the number of participants.

The consideration of fixed and variable costs helps to clarify potential program costs because they point to the more obvious financial obligations. A considerable number of other potential costs, however, must also be examined. For example, the program must somehow be administered, and the administrators will cost something. Relatedly, there are program operation expenses (e.g., office supplies) which must be taken into account. Other possible costs relate to how a particular program is structured and operated. For example, will participants be reimbursed for travel expenses, and if so at what level? Will the program involve consultants, and if so at what cost? These questions and others like them must all be considered in order to determine effectively and accurately the cost of a continuing education program.

This discussion on possible costs has had to be general because costs will vary dramatically from one program situtation to another. Further, not all potential costs will be present in every program, and this too will vary costs across programs. Good examples of common cost factors may be found in the descriptions of the programs in Unit IV.

2. Considering Funding Options

After potential program costs have been determined, the next obvious question is who will pay the costs? It would be nice if a single source could be found which would pay all program costs; however, this is not usually the case. More typically, a number of different sources contribute to the payment of program costs. While specific funding sources cannot be identified here, a few general types of sources can be discussed. More specific funding information may be found in Section B of Unit III, "Funding Training Programs."

Program initiators usually look to government for funding, and various levels of government such as federal, state, and county-municipal are usually considered. This is certainly not a bad tactic since in fact many continuing education (training) programs are funded by government sources. The error that is usually made, however, is that funding is sought from only one level of government. A better tactic is to seek funding from wherever it may be obtained.

Another potential funding source, and one often overlooked, is private foundations. There are literally hundreds of foundations that make funds available for activities such as continuing education programs. Grants from foundations have a unique advantage over funding from government sources. In general, there is often considerably less red tape in foundation grants than there is in government grants. This is not to suggest that foundations do not expect accountability for the expenditures of funds; it is just that their procedures are usually less involved. Thus foundation grants help to minimize administrative costs.

A third possible source for program funds is from the participants themselves. Certainly in programs of this kind they should not bear a major portion of the financial burden of a continuing education program. It is not unreasonable for them to make some small contributions, however, such as paying their own travel expenses. Such expenses can be tax deductible for trainees in appropriate income brackets.

The last source to be mentioned here is volunteers, or in-kind contributions. The suggestion is not that volunteers contribute money to the program but rather that they contribute services at little or no charge. Volunteers can be used in any part of the continuing education program. For example, volunteers can help with scheduling and coordinating procedures. They also might become involved in resource obtainment or development activites. In general, the use of volunteers is one of the most convenient and practical ways to hold down program costs.

The basic rule for program funding is to get the necessary funds from wherever they may be had. Contributions of $100 from 10 sources yield the same total as $1,000 from a single source. Creative programming usually involves creative financing. The exemplary programs described later further illustrate various approaches to funding. The ideas suggested there are all viable possibilities, and other options may be available in other communities. A particularly creative and successful approach to funding is described in the Florida exemplary program, which was funded with a $55,000 grant of Title II-B monies. The Wisconsin program also exemplifies a sound approach. Three-way funding was obtained there from the Wisconsin Bureau on Aging, the Southeastern Wisconsin Area Agency on Aging, and the Wisconsin Vocational-Education system. Each of these approaches is described in more detail in Unit IV.

SECTION G: PUBLICITY AND RECRUITMENT

The people who organize continuing education programs for developing helping skills usually do so from a firm belief in the potential of the training and from a commitment to high professional standards. Thus, they are usually enthusiastic in their program related activities. This is as it should be. Unfortunately, there is often a tendency for program organizers to expect potential participants to have the same high level of enthusiasm. Such is not always the case. It is not that potential participants are uncommitted or unprofessional; rather, participation may seem like another imposition on already crowded lives. They may have to be convinced that program participation will be beneficial to them.

1. In-house Methods of Publicizing a Continuing Education Program

The process of enlisting people to participate in a continuing education program is similar in theory to the process of obtaining funding: all available means should be used. As with funding, this also implies that a variety of people should be involved in recruitment efforts so that different approaches can be thought of and used.

The most common approach to recruiting participants for a continuing education program is to use normal information dissemination procedures. Typically this means informing supervisors so that they may subsequently inform their respective supervisees. Another method is to post an announcement on staff information bulletin boards. If an in-house newsletter is available, it is another common means of publicizing continuing education activities.

If the types of information dissemination just noted are ineffective, and often they are, then more creative methods of recruitment are warranted. For example, one way to insure that people pay attention to a continuing education announcement is to attach it to their paychecks. It is not particularly subtle, but it does get people's attention. Another possibility is to start a telephone grapevine. In such a system one person calls a second (or other) person(s), explains the program, and asks that the second (or other) person(s) follow a similar procedure with still more people. Even if each person contacts only two other people, a large number of people can be contacted in a very short time. In addition, this procedure has the advantage of personalizing the information dissemination process. A third possiblity is to have potential program participants be involved in a sample of what will be involved or done in the program. Similarly, participants might be shown a videotape demonstrating the skills to be learned. In any event, creative advertising that targets a responsive cord usually yields the best results.

2. Community Approaches to Publicity and Recruitment

While in-house program publicity activities usually receive the greatest attention, other methods of publicizing the program should not be overlooked. Service providers are people as well as workers, and, therefore, are subject to influence from nonwork-related sources as well.

One good way to get free publicity for a continuing education program is to use available noncost outlets. For example, public television stations and commercial radio stations are required to make some no-cost community service announcements. An extermely large number of people can be informed through such outlets, Similarly, notices usually can be placed in local newspapers at no cost or at only moderate costs. Finally, if an educational institution is involved with the program, the program might be announced in the institution's catalog.

Another possible publicity outlet is through other organizations or agencies with whom the potential participants are likely to have contact. For example, residential care facilities, senior centers, hospices, and other service agencies all may be possible places to publicize a program.

One good source of publicity is usually ignored. That source is the older people served by the potential participants. Older persons can be informed about the program and then asked to relay the information to the potential participants with whom they come in contact. This procedure not only personalizes information dissemination but also allows older persons to add their own "commercials," thus potentially giving greater credence and incentive for participating in the program.

In general then, a variety of ways can and should be used to publicize a continuing education program. Each of these methods has its advantages and disadvantages; however, the effects of a comprehensive approach should be on the positive side.

3. Some Comments on Participation Incentives

Regardless of the method of publicizing used, people will not want to participate in a continuing education program unless two basic conditions are met. The first is that it must be convenient for them to participate. The second is that they must perceive some personal benefit from participation.

Making participation in a continuing education program convenient is usually interpreted to mean having the program in a location close to the participants' homes or work locations. As noted earlier, this is certainly an important consideration. There are other types of convenience, however, which should also be considered. For example, program participation should be at a convenient time. In fact, every effort should be made to enable participants to participate during their normal working hours. Convenience should also be considered in terms of costs to participants. Participant costs should be kept to reasonable minimums. Finally, consideration should be given to the participants' psychological convenience. The people who participate in the program will be required to engage in various types of mental gymnastics (i.e., thinking). If the participants are required to do too much mental activity too fast or in too short a time period, unnecessary psychological stress may result. Accordingly, the progam should be structured so as not to be psychologically stressful to participants.

The more difficult issue is determining and communicating the benefits to be derived from participating in a continuing education program. It is nice philosophy to suggest that participants will become better people by learning helping skills, but that usually just is not a very powerful incentive. Similarly, the suggestion that participants will be able to do their jobs more effectively typically will not have much impact, particularly on those potential participants who believe they already are doing their jobs effectively. Perhaps the strongest motivating argument is that learning helping skills will make people's jobs easier in that they will get along better through using helping skills and by opening channels of communication. This is true for most types of jobs, and there is considerable research to support this contention. The linkage between helping skills and job ease, however, is difficult to communicate. Perhaps the best way to communicate the basic principle is to suggest that use of helping skills can make interactions with older persons more enjoyable and more rewarding.

The publicizing of a continuing education program and the related recruitment of potential participants are among the most important program planning and development activities. What good is it to have a program if people are unwilling to participate in it? Accordingly, these aspects of the program warrant considerable thought, attention, and action.

SECTION H: PROGRAM EVALUATIONS

Evaluating the program is the part of the implementation process for a continuing education program that most people like to avoid. It is considerably safer (psychologically) to assume that a program is effective than it is to test the assumption; however, program evaluation is essential to effective programming. Program evaluation is in fact the only way to know for sure the degree of effectiveness a program has achieved.

1. What Should be Evaluated?

A continuing education program can influence participants in three ways: affectively, behaviorally, and cognitively. *Affective* effects include changes in feelings or emotions and attidudes. *Behavioral* effects include changes in actions or behaviors. *Cognitive* effects include changes in knowledge levels. An effective program causes positive changes in each of these realms. Consequently, each should be considered in a program evaluation process.

a. *Affective Changes.* Participation in a continuing education program must necessarily influence participants affectively, as indeed must any human experience. The question then is, how have the participants been affected? Program organizers are usually most concerned about attitudinal changes. Unfortunately, they thus usually seek information about attitudes concerning participation in the program (e.g., What part of the program did you like? Dislike?). Attitudes about program participation are helpful only in modifying the program. The important attitude changes to be investigated are those relating to older persons and provisions of services to older persons. For example, have their attitudes toward older persons become more positive? Do they believe their jobs have become easier as a result of the skills they have learned? The goals and objectives of a program relate to improved services for older persons, not just, or even primarily, to improving the program.

b. *Behavioral Changes.* The fundamental idea underlying a continuing education program intended to develop helping skills is for participants to behave differently (i.e., use helping skills) as a result of participating. Thus the actual appropriate use of helping skills is the ultimate evaluation of the effectiveness of the program. What good is a program if people do not subsequently use the skills taught? Unfortunately, the evaluation of behavior changes is the part usually omitted in program evaluations. This omission is usually attributable to difficulties in assessing behavior changes. Difficulties can be reduced by creative evaluation, however, such as the use of videotapes for evaluation of behavior patterns and changes.

c. *Cognitive Changes.* Since continuing education programs are by definition educational, some increase in participants' knowledge levels should be expected. In addition, for most helping skills knowing is a prerequisite to doing. Unfortunately, it is often erroneously assumed that knowing necessarily leads to doing. Thus while cognitive evaluations (e.g., tests) may yield important information, such evaluations are not in and of themselves sufficient program evaluations. Tests of knowledge must be correlated with behavior changes since cognitive changes alone are insufficient measures of program accountability.

These then are the major components of effective program evaluation. Most program evaluation experts suggest that all three components be incorporated in any program evaluation. To omit one or more components is to ignore potentially significant information and to increase the potential for invalid evaluation of a program. Further, program evaluation results must be linked to job performance. After all, the purpose of continuing education is to improve the ways people do their jobs.

2. Evaluation Instruments and Techniques

The large number of references in the bibliography at the end of this section attest to the extensiveness of instruments and measurement techniques available for program evaluation processes. Accordingly, only a few general suggestions can be offered here. Section A of Unit III, "Training Needs Assessment," provides further useful information on evaluation processes and techniques. Affective changes are usually assessed through the use of survey instruments. The typical format for items in questionnaires such as these is to have a statement and an accompanying Likert-type response format with several choices ranging from Strongly Agree to Strongly Disagree. Surveys of this type have been and are used to evaluate attitudes on a variety of topics. In fact, their versatility is their most positive characteristic. It should be noted, however, that developing such surveys is not as easy as it appears. Developing a survey instrument that is both valid and reliable requires considerable time and expertise.

The assessment of behavioral changes is decidedly more complex than assessment of attitude changes because it usually necessitates obtaining behavioral samples. For the evaluation of helping skills, this usually involves audio or video taping of an interview between a service provider and an older person. The tape recordings are then evaluated (rated) by experts to determine degrees of facility in the use of helping skills. Such procedures become increasingly cumbersome as the number of participants increases. Again, they are worth the effort because they yield the best indications of the effectiveness of a program. Care must also be taken, however, to ensure that behaviorial assessments are valid and reliable.

Cognitive changes are frequently evaluated through the use of classroom-type tests. Such evaluations are not usually stressed in continuing education programs since participation is voluntary; however, they can provide extremely useful feedback to participants. As with attitude and behavior assessments, classroom-type tests should be carefully reviewed for validity and reliability before they are used. Most counselor educators would be able to assist in this regard, or be able to recommend someone who could. They may be received more readily and hence be more effective if their use is stressed for self-evaluation, rather than for the trainer's evaluation of the service providers' learning accomplishments.

3. Evaluating Instruction

The relationships between instructional effectiveness and program outcomes are reciprocal ones. It follows, therefore, that any evaluation of program outcomes is also an evaluation of instructional effectiveness. Since instruction is such an important part of the continuing education program, however, it also warrants its own evaluation.

Aside from the possible behavioral and cognitive instructional effectiveness indicators inherent in program outcome evaluations, the evaluations of instructional effectiveness are almost always attitudinal in nature. Thus participants are usually surveyed as to their attitudes and opinions about various aspects of the instructional process. These aspects usually include things such as instructional style, classroom atmosphere, evaluation procedures, and participant-instructor formal and informal relationships. As with other attitudinal assessments, these aspects of instructional competency are usually covered in a single survey instrument.

4. Scheduling Program Evaluations

It is common to schedule program evaluations immediately after completion of a program or one of the program's major components. Such a tactic is desirable to the extent that it allows immediacy in the uses of the results. In addition, immediate evaluation procedures are usually well received by participants because they are still enthusiastic about the program and are, therefore, more willing to participate in program evaluation activities. Immediate evaluations provide only one type of information, however, in a total program evaluation.

The second type of program evaluation that should be used is what may be called follow-up evaluations. Follow-up evaluations are those conducted at a time after some intervening period has elapsed since the end of the program (or one of its major components). For most continuing education programs the intervening periods range from six weeks to one year.

Follow-up program evaluations have several distinct advantages for continuing education programs intended to develop helping skills. For one thing, expertise in using helping skills develops slowly; participants' skills will rarley develop fully within the context of the program. Post program skill development time, therefore, allows for a more accurate assessment of program effectiveness. On another level, participants often need time for reflection before they are able to offer objective evaluation information. And finally, follow-up program evaluations themselves help to reinforce the continued use of skills learned in the program by participants.

It is sometimes helpful to administer an evaluation both before and after training to determine the extent of learning achieved during the program. An additional advantage of this approach is that the first testing can serve as an instructional needs assessment. That is, instructors can tailor learning experiences and the content of training to the abilities and needs of the participants. Specific strategies for training needs assessments and use of evaluation results are detailed in the section of Unit III devoted to assessment.

The Pennsylvania program (described in Unit IV) exemplifies some sound program evaluation practices. Pretraining, posttraining and follow-up assessments were used. Feedback on the program was solicited and used to make program improvement. Behavior changes were monitored through interviews with participants' supervisors. In sum, affective, behavioral, and cognitive changes were evaluated.

5. Using Evaluation Results

The results of program evaluations may be used to improve either the repetition of the program or the next component in the program. It is therefore inappropriate to conduct program evaluations if the results are not going to be used.

A comprehensive, effective program evaluation should provide feedback on all parts, processes, and persons involved in the program. This feedback should be digested by the affected persons, and they in turn should use it to suggest program revisions as appropriate. While this process may be time consuming, it must be conducted if the program is to be improved.

In general, program evaluation is important primarily because it serves to suggest future directions, processes, and actions. More importantly, however, program evaluations are necessary to determine if the program's goals and objectives have been achieved.

SECTION I: INSTITUTIONALIZATION

A continuing education program has to start somewhere, and while the first run through usually has the most bugs in it, it is also usually the one that produces the most extensive and useful feedback. Among the types of information derived from the first effort are suggestions about how the program may be institutionalized into existing training and service programs. One of the primary functions of the team is to ensure that programs continue after they are developed.

1. Financial Considerations

The initial conduct of a continuing education program should provide relatively specific information about the costs of operating the program. Both fixed and variable costs, and further needs in each category, may be determined. This should lead to budget planning that is considerably more accurate than was possible for the initial effort; however, this does not necessarily resolve the continuing problem of determining where funds will be obtained.

If a continuing education program truly is going to be institutionalized, then every effort must be made to have funding from internal sources. Continuity in program operation will at best be tenuous if there is continued reliance on external sources (e.g., grants) for program operation funds. Therefore, dependable internal funding sources should assume total program operation costs as rapidly as possible. Part B of Unit III, "Funding," provides more detailed strategies for securing internal funding. It was noted earlier that the use of volunteers is one way to reduce program operation costs. After completion of the initial operation of a program, the participants who completed the program may become valuable additional resources. Former participants have knowledge of both the purposes and process of the program. Thus they may make especially significant contributions as volunteers, and the potential financial benefits of their efforts should not be overlooked. The train-the-trainers concept in the Pennsylvania program is an excellent example of effective use of volunteers. Participants were initially trained in the use of effective communication skills. Follow-up sessions were then held to provide trainees with the means to disseminate workshop information to other paraprofessionals and volunteers within their respective agencies.

2. Publicity and Recruitment Revisited

A continuing education program is supposed to be exactly what the name implies; that is continuing. Morover, a program should be continuing in all of its aspects. One aspect that merits particular attention in this regard is continuing publicity of and recruitment for the program.

Continuing education program offerings tend to attract first those who are most interested. Thus the recruitment of new trainees is, in one sense, progressively more difficult as the program continues. The success, or lack of it, of the initial program is a complicating factor in this progression. If the initial program is well received by participants, then the recruitment may be helped by positive opinions of the program. On the other hand, if there are difficulties in the initial program, then negative opinions may intensify recruitment difficulties. Therefore, recruitment activities after the initial program must take into account the relative success of the first program offering.

The potential publicity and recruitment procedures suggested earlier are also applicable for efforts after the ininitial program offering. The natures of those methods, however, will probably be modified; some receiving greater and some receiving lesser emphases. In addition, the benefits of using initial program participants in publicity and recruitment activities cannot be overstated. Former participants are potentially the best salespersons for the program.

3. Follow-up Supervision

People do not normally use helping skills in their interactions with others. If they did, there would not be any need for helping skills training. People who begin to use helping skills must, therefore, behave abnormally (i.e., in new manners) until they become comfortable. Since people tend to revert to normal behavior patterns unless the abnormal behavior patterns are strongly reinforced, however, the use of helping skills must be reinforced lest their use be extinguished. In other words, if people who are trained in the use of helping skills are not supervised until the skills become ingrained, they may stop using those skills. Therefore, follow-up supervision after termination of participation in a program is essential, at least for some participants for some extended period of time.

Follow-up supervision can be implemented effectively in one of two ways. The first, and most common, is for a participant's work supervisor to provide helping skills supervision as an integral part of the job supervision process. This tactic also serves to reinforce the use of helping skills as an integral part of the process of service provision. This follow-up supervision approach does necessitate that work supervisors have expertise in supervision of helping skills, however, a condition that is not always possible.

A second approach to follow-up supervision is to have former participants supervise one another. There is considerable truth in the adage, "If you really want to learn to do something, try teaching it to others." Peer supervision processes benefit not only the person being supervised but also the person doing the supervision. The former gains by receiving feedback on the use of helping skills, the latter by receiving a different perspective on the use of these skills. Peer supervision will be most effective if conducted with the advice and consultation of a professionally trained counselor.

The optimal approach is to use both types of follow-up supervision. Professionals who train people in counseling skills have long known that trainees can benefit from continuing supervision. Further, the use of both types of supervision allows former participants to receive different types of supervision and support. In Nebraska, Team 2 incorporated monthly support groups that afforded participants both peer and trainer supervision. Additional suggestions for supervision may be found in one of the companion volumes in this series, *Counseling Older Persons: A Trainer's Manual for Basic Helping Skills.*

4. Advanced Training

If a continuing education program has been even partially successful, it is likely that some former participants will want further or advanced training in the development and use of helping skills. Consequently, advanced skills training should be made available, if possible, to former participants who want, and are capable of benefiting from, such advanced training.

A complete description of possible advanced training programs is beyond the scope of this presentation. In general, such a program would evolve through processes highly similar to those for an initial program, though typically on a much smaller scale. The one point that should be emphasized, however, is that an advanced training program should be closely coordinated with an initial training program in order to assure continuity and cohesion in the development of helping skills.

In some cases there may be interest in advanced training but an insufficient number of interested former participants to justify another continuing education program. In this situation, the interested former participants should be informed of other possibilities. Alternatives may be counseling skills training opportunities offered through colleges, universities, and community colleges. There are other opportunities, however, through workshops and other short-term training. In sum, there are possibilities for advanced counseling skills training in many locations, and former participants need only be informed of them.

Examples of different training approaches may be found in the description of Florida and Nebraska (Team 2) programs in Unit IV. The Florida program had three levels of training while the Nebraska program used initial and advanced training. The descriptions also exemplify how different types of training can be advertised.

5. Incorporating the Continuing Education Program into State and Area Plans

One of the most important factors influencing the success of continuing education programs is the status given to the program. As noted previously, if a continuing education program is truly important, then it should be an integral part of the service provision process. Perhaps the best way to achieve this emphasis is to incorporate the program into state and area plans for services to older persons. The Wisconsin program provides a good example of how this may be accomplished. The involvement of aging network administrators as key members of the team contributed to the success of Wisconsin's efforts to have the program emphasized on a statewide basis.

The incorporation of a continuing education program into state and area plans has several important implications. First and foremost it implies that the program is important. Beyond that, it also implies that such training is a legitimate expectation for persons who would provide services to older persons. In other words, substantially all service providers would be expected to participate in the program as a normal part of the employment (or voluntary) service provision process. This in turn would imply that publicity and recruitment costs could be significantly reduced.

The methodologies for incorporating a program into state and area plans on provisions of services to older persons are far too numerous to be fully presented here. The Wisconsin program and other exemplary programs, however, offer many good suggestions. In fact, those programs were selected in part because they recognized that institutionalization necessitates incorporating continuing education programs into state and area plans on the provision of services to older persons. Again, part of the role of area agencies on aging and state units on aging is to assure that this outcome is realized.

SECTION J: ADDITIONAL CONSIDERATIONS

Participation in a continuing education program should and often does have its own intrinsic rewards. Participants come away from such an experience with feelings of accomplishment and senses of personal involvement. These are indeed noble rewards, however, they are also uniquely personal and private. There is therefore room for more ostensible acknowledgements of participation. The following are some examples of possibilities in these regards.

1. Providing Continuing Education Units

If at all possible, a continuing education program should incorporate the provision of Continuing Education Unit (CEU) credits for participants who successfully complete the program. CEUs are definitive indicators of the service provider's professional commitment and involvement. They therefore have the potential to benefit the service provider regardless of the eventual directions of the service provider's life. In an immediate sense, CEUs may be helpful or required for occupational advancement. In a long term sense, they document the service providers' training and experience. Section K provides more information concerning the process of awarding CEUs.

2. Awarding Certificates

While CEUs provide one concrete indicator of a service provider's participation, they are usually only acknowledged in formal ways and only when needed. Service providers may appreciate more obvious acknowledgment of their participation. One means of doing this is to provide certificates to participants who successfully complete a program. Certificates are usually relatively inexpensive and may be obtained without much difficulty. They are well worth the time or money invested. People like to be acknowledged for their efforts and to feel proud of their accomplishments. Certificates are one way to achieve this. They are little things in the overall operation of a continuing education program, but they may be quite significant to the people who receive them. The Florida program and others that used certificates attest to their benefits.

3. Publicizing Participant Program Completions

Another way for participants to receive acknowledgments for completing a program is for the program administrators to publicize the participants' successful completions. For example, local newspapers often contain sections covering activities of local residents. A phone call or letter from program administrators should suffice to have a story run about the participants and the program. Similarly, if an in-house newsletter is distributed, it also may be used to publicize the participants' successful completion of the program. In some cases, announcements in professional newsletters would be appropriate. Finally, announcements similar to those for newspapers or newsletters may be distributed to those places where the program was publicized initially. This latter tact is particularly beneficial not only to former participants but to the ongoing program and potential new participants as well.

4. Publicizing the Program Itself

In addition to recognition of persons who complete a continuing education program, the program itself merits recognition. Unfortunately, all too often good continuing education programs exist almost in secrecy. An effective program should be publicized not only to receive the recognition it deserves but also to share it potential benefits with others. Most of the recruitment activities described in the preceding section can be applied to publicizing a program as well. The primary difference is the geographic extensiveness of the publicity. In general, an effective program should be publicized as widely as possible.

One additional method to publicize a program is to present descriptions of the program through various professional organization activities. For example, a demonstration could be made at a professional convention or conference. Several of the exemplary programs described in Unit IV have already used this latter tactic with very positive results in the areas of recruitment, publicity, and funding.

The planning, development, and implementation of a continuing education program intended to provide helping skills training is a complex and demanding process. The activities range from initial brainstorming to publicizing and disseminating results. These involvements and activities are not, however, beyond accomplishment, as the exemplary and other programs described in Unit IV signify. Effort is necessary, but the results merit the effort. It is only through efforts such as these that services provided to older persons will continue to be improved.

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UNIT II
SECTION K

CONTINUING EDUCATION: SOURCES OF ASSISTANCE AND SUPPORT

Theodore Wischropp

Theodore Wischropp is currently the Director of Development for the Division of Continuing Education at Emporia State University in Kansas. He received his MS and BS degrees from Kansas State Teachers College, Emporia, in Spanish and French, and has pursued additional study in the areas of Educational Administration, Adult Occupational Education, Community College Teaching, and Instructional Media.

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INTRODUCTION AND OVERVIEW

Conferences, workshops, or seminars involving noncredit or credit activities do not happen automatically. Worthwhile results require much planning and preparation. There are specialists in continuing education at almost all two- and four-year public and private institutions of higher education who can assist with program planning and support services. Such specialists can be most helpful in program planning and implementation, and the various services are available, usually on a fee basis, to community and agency program planners and to service providers and trainers, as well as to persons affiliated with the college or university.

The inclusion on a team of a representative from a division of continuing education in a two- or four-year institution can be helpful in program planning. In order to implement a program sucessfully, the pragmatic aspects of delivery need to be considered. If training projects, whether large or small, are to succeed in reaching the desired clientele, then some person, unit, or agency will be responsible for the logistics involved in delivery of the program. In many instances the division of continuing education can assume the delivery responsibility and also continue to offer courses over a period of years as needed, and often on a self-supporting or tuition basis.

DIVISIONS OF CONTINUING EDUCATION

Almost all institutions of higher education have a unit that handles their continuing education activities. Divisions of continuing education at larger universities and community colleges may have special units that deal only with conferences and other noncredit activities. These larger and more sophisticated units may assist in sponsoring and conducting local, regional, and national conferences, workshops, and seminars.

Service and Support

The division of continuing education, which is a service and support unit of the college or university, can be employed when there is a need to deliver information in a nontraditional way to a nontraditional audience. The classroom setting may be away from the university, the meeting times may not coincide with the on-campus schedule, and those receiving the information may not be the traditional 18-22-year-old students.

Using the services of divisions of continuing education requires that team planners contact local colleges and universities and find a liaison in planning a continuing education program. Larger universities and community colleges will probably have different administrative units in charge of noncredit courses, workshops, and conferences, and another responsible for credit programs. In smaller schools all of the functions may be housed in the same office. Once the contact is made, a meeting may be scheduled with the administrative coordinator to discuss the program plans. It is useful to request that the coordinator become a part of the team for planning training activities.

Two- and four-year institutions, almost without exception, can grant credit from their own divisions or can award credit through their respective academic units on campus. Noncredit activities can also be easily organized and certificates of completion or attendance can be issued by the divisions of continuing education. The benefits of awarding certificates to trainees were outlined in a previous section of Unit II. In addition, these divisions can quickly design continuing education programs for special audiences and may schedule the programs on the home campus or secure meeting sites off campus in the service area of the particular institution.

Human Resources

Most representatives of divisions of continuing education have access to mailing lists of professional associations from which potential students can be drawn. They also may have names of professionals who have requisite expertise and who would make good program presenters or resource persons. Continuing education professionals will also know faculty members within their institution who have a knowledge of or an interest in presenting or planning continuing education programs for various groups. For example, in the counselor training component of a college of education, there may be faculty members who have a background in the counseling of older adults. Those professors can be involved in a training workshop for outreach workers on helping techniques to be used when working with older adults, such as the one conducted by the Kansas team described in Unit IV.

Cost of Services

Within continuing education divisions, almost all conferences and other noncredit activities are self-supporting; therefore, teams should plan their budgets to include the cost of using the services of divisions of continuing education. Some divisions may have overhead or indirect costs built in to their overall charge. Other units may base charges on the amount of work that is expected for them to arrange and conduct the training activities. Generally, an agreement or a contract is signed outlining the responsibilities of the agency and the division of continuing education. The division may charge for functions such as staff time for locating and arranging facilities and registration of participants, awarding of continuing education units, providing refreshments and meals, or books and supplies.

Exceptions to the rule that most noncredit sections in divisions of continuing education are self-supporting occur in some community colleges that view local conferences as part of their mission to their respective service areas. These community colleges may be able to waive overhead and administrative costs which will keep down charges to participants. This is a very important consideration to a planning group with limited funding. Another cost advantage that community colleges may have, either on the campus or at their service area sites, is a minimal or nonexistent charge for room rental. These are only two examples of how community colleges, with their mission of responding to community needs, may keep down costs and eliminate the need for expensive registration fees.

While this section has addressed the advantages of enlisting the expertise of divisions of continuing education in institutions of higher education, no mention has been made of the possibilities of contacting area vocational technical schools, local school districts, professional associations, medical societies, area agencies on aging, or other community groups. Some of these institutions or associations may already have a strong continuing education component available to assist in planning and conducting ongoing training programs. Others may lack only the opportunity to demonstrate that they too have the personnel and resources to help organize successful programs. In each community, team members can research the variety of potential resources and select the most suitable ones.

Inservice Activities

Professional groups that provide regular inservice training for their members include many health professions, as well as Social and Rehabilitation Services (SRS) and Area Agencies on Aging (AAAs). It is important that continuing education professionals at two- and four-year institutions be aware of existing staff development programs and agency people responsible for training at the local and state level. By having this information, the continuing education professional, or team member accepting these responsibilities, will be better able: 1) to cooperate with other agencies regarding general or specific programs, thus avoiding duplication; 2) to secure speakers from these other sources; 3) to avoid scheduling problems with other programs; 4) to enlist support from these other agencies in the way of promotion and publicity; and 5) to serve as a catalyst for various other types of interagency cooperation. Of all the team members, the continuing educator may be the most logical person to promote the planning process and to see that the end product meets the needs of the trainers and trainees.

Noncredit

There are other roles besides program planning and coordinating responsibilities that a division of continuing education may assume. While short, noncredit activities may meet the immediate needs of those in the field, especially people who need to meet relicensure and recertification requirements, divisions of continuing education also can assist with long-range training programs and can make such programs an ongoing part of an institution's offerings. Service providers can take advantage of ongoing training opportunities in institutions of higher education that seek to fulfill their mission of educating the citizenry on an inservice as well as preservice basis.

Credit

Little has been said about credit options. Some training sessions may not have enough depth or contact hours to warrant college credit, as 15 contact hours are needed to equal 1 hour of college credit. Many community colleges and some four-year institutions, however, may prefer to examine the credit option. Again, the continuing educator can guide the planning process if a credit option is sought and that person will know how to secure institutional and state approval for such offerings. Some two- and four-year colleges may agree to make basic helping skills training programs a part of their regular curriculum, thereby institutionalizing the process. Whether the program is credit or noncredit, divisions of continuing education have made a commitment to take an active role in lifelong education and training and in upgrading the compentencies of adults. Through divisions of continuing education, the training needs of the clientele in a particular service area can be translated to the two- or four-year institution as a whole, thereby encouraging the institution to accept an expanded role in lifelong learning and to be responsive to the continuing education needs of its constituents.

Programming Details

Coordinating training sessions requires having complete details at hand in order to plan effectively. Depending on the type of training sessions, coordinators will require the following kinds of information: number of attendees expected, number of rooms needed, types of rooms needed (large groups, several small groups, or combinations), number of meals and refreshment breaks needed, selection of menus, special diets, type of registration required, number and type of motel and dormitory rooms needed, handout materials needed, types and designs of promotional materials required, mailing lists and number of mailings needed, names of speakers, special arrangements for speakers, type and amount of audio-visual equipment, special room configurations and arrangements, packaging of materials, dates, times, and location (on campus, off campus).

The extent and type of continuing education support required will determine which of these projections will be needed. Other details may also arise within the discussion of those items listed above. This process is similar whether the training conference will be attended by a handful of participants or several hundred.

BENEFITS OF USING DIVISIONS OF CONTINUING EDUCATION

No one should assume that small details will be taken care of automatically; someone must be responsible for every step of the planning process. Continuing education representatives have expertise in taking care of necessary details and can anticipate and circumvent many potential problems in the delivery of training programs.

CEUs

Some organizations request the issuance of continuing education units (CEUs) based on the type of conference or noncredit activity offered. A general rule for granting CEU credit that is recognized by most organizations and institutions is to award one CEU per 10 contact hours of training (e.g., 16 contact hours equals 1.6 CEUs). Many agencies and organizations require their members to demonstrate competence for relicensure and recertification by completing successfully a certain amount of CEUs annually. Thus, the availability of CEUs can be a very positive feature of a training program and an incentive for trainees to enroll. Usually CEU credit will be optional, and not all trainees in a particular session will choose to receive credits.

Every agency or organization may have its own set of forms for securing CEU approval or applying for provider status. Continuing education professionals are able to initiate the approval process and will know which people to contact and in which agency. Some colleges and universities may have their own system for granting CEUs. If that is the case, then the continuing education coordinator will be aware of the necessary steps to ensure that trainees receive CEU credit.

Budgetary Planning and Management

The continuing education professional can help program planners organize and direct the budget for a particular training session. Some organizations may have monies earmarked for staff development or inservice training or annual meetings. Most conferences, however, will garner revenues from registration fees. A professional can help match expected income realistically with expenses. That person will prepare a detailed budget and can arrange all collection and disbursement of funds through his or her business office. By allowing a division of continuing education to be responsible for all of the accounting procedures, an agency will have a complete and accurate record of the whole proceedings.

Evaluation Assistance

Organizations may expect some other postconference benefits in addition to complete financial accounting. Usually, both the continuing education representative and the person in charge of planning for the agency or team will agree on some type of evaluation instrument concerning the overall content and logistics, and the continuing education division can analyze the results and provide an evaluation summary. The results can serve as valuable input for planning a follow-up program or conference or for later replicating the activity just completed. Also, organizations and teams can expect a complete list of participants that can be used for future mailing lists. The continuing education coordinator will retain a file on all of the proceedings to serve as a base for planning future activities.

SUMMARY

Topics, target audiences, and training needs may change from year to year, but the divisions of continuing education at two- and four-year institutions can be a stabilizing constant link in the planning and institutionalization of ongoing training endeavors. Coordination is the key to any organized training activity and continuing educators can provide the needed expertise.

Generally speaking, higher education systems are well-equipped to respond on short notice to the training needs of the clientele in their service area, whether or not that service area is defined as local, state, regional, or national. Divisions of continuing education within institutions of higher education can serve in a coordinating role to bring about successful training activities. Whether the training is noncredit or credit, one time only or an ongoing program, a two-hour session or a semester-long course, a continuing education professional can be a valuable member of the program planning team. In general, divisions of continuing education have a campus wide perspective and a sense of total community responsibility, and they often coordinate their activities with inservice training programs of other community agencies.

This unit has outlined the program planning, development, implementation, and evaluation process that teams will typically follow in delivering training programs in their communities. The program planning process has been described in general terms, and a checklist of various steps of the process was provided to serve as a guide or "blueprint" of the various tasks required of team members. A rather traditional sequence of activities was used in the unit as a general guide for the planning process, and it was acknowledged that individual teams may reorder the steps and engage in various activities simultaneously. In addition, specific benefits of involving continuing education professionals were described in Section K.

The content of this unit was general to be of most use to program planners in a variety of settings and geographic locales, and specific examples from the programs developed during the National Project were used as concrete illustrations of strategies. The examples of these programs were also presented as models of approaches that worked well in different stages of program implementation. The benefits of the team approach were evident in these programs. The variety of tasks and activities outlined in this unit and the need for concerted effort on the part of various team members has demonstrated the need for a broad base of support and the involvement of team members with counselor education, aging, and continuing education expertise and affiliation in order to develop successful, locally responsive continuing education programs in basic helping skills.

CHECKLIST OF ACTIVITIES FOR PROGRAM PLANNING

(The subdivisions in this checklist refer directly to the sections in Unit II. Refer to the corresponding section for more extensive descriptions of each of the following steps in program planning and implementation.)

A. DEVELOPMENT OF TEAM

1. Core members (list names, addresses, phone numbers)

   Counselor Educator:

   Aging Network Staff:

   Continuing Education Representative:

2. Additional Members (list names, addresses, phone numbers)

B. STARTING POINTS

1. Determining the status quo
   - a. Are counseling and other mental health services readily available to older persons in the area being served?
   - b. Are other helping skills training programs available?
   - c. How many people are in need of training in basic helping skills?
   - d. If a program were available, would people participate in it?
   - e. Would service providers use helping skills if they had them?
2. Identifying and evaluating necessary resources
   - a. Who is available to plan, develop, and implement a continuing education program?
   - b. What time commitments are available for the program?

   - c. What skills are necessary for the effective implementation of a program?
   - d. What material resources are available for the program?
   - e. What physical resources are available for the program?
   - f. Will there be continuing institutional or organizational support?

C. ESTABLISHING GOALS AND OBJECTIVES

1. Determine and state program goals.
2. Determine and state program objectives.
3. What are the short and long term goals and objectives of the program?
4. Evaluate the realism of the program goals and objectives.

D. TAILORING A CONTINUING EDUCATION PROGRAM TO LOCAL NEEDS

1. Determine the target trainee group.
2. Determine learning needs.
3. Consider the needs of older persons.
4. Determine curricular components.
5. Additional practical considerations.
   - a. Types of instruction.
   - b. Instructors.
   - c. Schedule.
   - d. Location.

E. REFINING PROGRAM CONTENT AND STRUCTURE

1. Determining content.
   - a. Evaluate information gathered.
   - b. Consult with professionals.
   - c. Borrow from existing programs.
   - d. Use prepackaged instructional programs.
   - e. Combine methods.
2. Structuring individual sessions.
   - a. Break down into manageable units.
   - b. Allow time for practice.
   - c. Provide feedback and supervision.

3. Instructional resources.
    a. Instructional activities.
        1) Didactic.
        2) Experiential.
    b. Learning modes.
        1) Visual.
        2) Aural.
    c. Types of resources: books, hand-outs, laboratory, library, journal, audiovisual, and videotapes.
4. Instructional activities.
5. Guest presenters.

F. FINANCIAL NEEDS AND CONSIDERATIONS

1. Determine program costs.
    a. Fixed costs.
    b. Variable costs.
2. Consider funding options.

G. PUBLICITY AND RECRUITMENT

1. In-house methods of publicizing a continuing education program.
2. Community approaches.
3. Participation incentives.

H. PROGRAM EVALUATION

1. What should be evaluated?
2. Continuing publicity and recruitment.
3. Follow-up supervision.
4. Advanced training.
5. Incorporate the continuing education program into state and area plans.

I. INSTITUTIONALIZATION

1. Financial considerations.
2. Long term publicity and recruitment strategies.
3. Arranging follow-up supervision.
4. Provisions for advanced training.
5. Incorporation of the continuing education program into state and area plans on aging.

J. ADDITIONAL CONSIDERATIONS

1. CEUs.
2. Certificates.
3. Publicizing participant program completions.
4. Publicizing the Program itself.

K. DIVISIONS OF CONTINUING EDUCATION

1. Contact made with whom?
   (name, address, phone number)
2. Cost of services.
3. Credit or noncredit.
4. Evaluation assistance.
5. Other.

UNIT III

ISSUES IN TRAINING PROGRAM DEVELOPMENT

UNIT III
SECTION A

ASSESSING TRAINING NEEDS

Susan M. Rimmer

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Dr. Rimmer is a member of the AMEG Committee on Aging and Assessment and is co-editor of a special issue of *Measurement and Evaluation in Guidance* dealing with that topic. She has presented papers and published articles on needs assessment, and her current areas of interest include psychological assessment, research and statistics, counseling supervision, counseling older persons, and agency and higher education counseling.

INTRODUCTION AND OVERVIEW

Careful assessment of training needs is crucial to the development of effective and locally responsive continuing education programs in gerontological counseling. Generally, needs assessment involves two steps: 1) the application of a measuring tool to a defined area, and 2) the application of judgment to assess the information gathered and determine priorities for planning (Blum, 1974). The process of assessing training needs is similar to the assessment procedures used in determining service needs in a community. The difference lies in how the information gathered by the various techniques is used.

Needs assessment techniques are integral to educational planning and evaluation and are used by agency staff to plan effective training programs and to evaluate ongoing training activities. Staff and administrators can meet their settings' specific needs by designing their own needs assessment procedures and by following those found to be useful by others. The purpose of this section is to describe the various techiques of needs assessment that can be adapted to the assessment of training needs and to present a practical step-by-step needs assessment plan for aging services staff.

PURPOSES OF NEEDS ASSESSMENT

Needs assessments are important steps in the continuing process of training program development and evaluation (Shaw, 1977). They are conducted to establish training program goals based on the skills of agency and training staff and on the needs of trainees, staff, and administrators. Participation in needs assessment promotes interest in training programs and identifies training needs. In addition, it provides a data base for the evaluation of ongoing program components and for the development of new activities. Current and reliable information about training needs makes possible rational decisions about future programs (Neuber, Atkins, Jacobson, & Reuterman, 1980). Depending on the results of the assessment, ongoing activities can be maintained, modified, or eliminated from the program, and new activities can be developed and implemented (Stiltner, 1978).

Several conditions are prerequisites for the development of an effective training program. Administration is strongly supportive and actively involved in the program. Program goals and objectives are clearly defined. An analytical framework for determining needs for developing, delivering, and evaluating training is utilized (AoA, undated). Needs assessment procedures help to fulfill these conditions and can be a method for involving staff and administrators in setting goals and priorities for training programs.

Within the APGA/AoA National Project, the importance of responsiveness to local needs was stressed. In order to meet most appropriately and effectively the training needs of service providers in a given area, it is essential to gather data concerning existing programs, prior training of the target group, and felt needs of aging network personnel and clients served. Once this information is collected and analyzed, goals and objectives can be established and ranked in order of priority, and program content can be determined. As can be seen in Unit II, this assessment is integral to the program development process.

The models outlined below incorporate many features and techniques unique to training needs assessment. The involvement of supervisors, recognized experts, and prospective trainees is important in achieving an accurate picture and can be accomplished by a number of methods. Interview and survey information can contribute to effective planning on the program level. Individual trainees and groups can also be assessed through pretests, interviews, and simple interaction in order to tailor training to specific groups. The Florida program incorporated this approach of adjusting academic levels to the trainees, and even used different kinds of speech and jokes in establishing rapport with groups from different locales. The assessment of training needs is an ongoing process and occurs in planning the initial training, in modifying the program, and in tailoring the program to the needs of specific groups. Careful assessment of training needs can help maximize the benefits of training for the trainees and for the older persons with whom they interact.

TECHNIQUES

A brief discussion of two needs assessment models is followed by a more detailed and expanded description of a step-by-step model. Presentation of various techniques will give the reader an overview, and prospective trainers can determine which is most appropriate for their needs.

Nominal Group Technique (NGT)

The Nominal Group Technique (Delbecq, Vandeven, & Gustafson, 1975) is a structured process for needs assessment, used by the AoA Regional Education and Training Programs, that effectively utilizes group process for complex decision making. It is a tool based on the balanced participation and consensus of group members.

There are nine steps involved in preparing for and conducting an NGT needs assessment session. Three of these steps are completed prior to the meeting, and the remaining six are followed during the session. The three prerequisite steps consist of determining questions to be the focus of the group's efforts, selecting meeting participants, and selecting the meeting room and assembling needed materials. There are six NGT meeting steps. Participants generate training needs and these are recorded one at a time. Each training need is then discussed and a preliminary vote is taken to determine training need priorities. An item-by-item discussion of the preliminary vote then occurs, followed by the final vote. Thus, while this technique is productive, once a list of training needs is generated the process ends.

Robb and Gill Model

Robb and Gill (1978) present a "cycle" approach to determining training needs and designing training programs. They view the training cycle as a continuing process composed of six steps: (1) determining need, (2) translating the need into goals and objectives, (3) organizing a sequence for learning, (4) selecting methods and materials, (5) delivery, and (6) evaluation.

In this model four methods can be used to complete a training needs assessment: discussion, questionnaires, observation, and training evaluations. One or more may be used depending on time available and the accessibility of participants.

The discussion method allows for interaction among staff workers and supervisors, giving participants a role in their own training program development. It provides the opportunity for those involved to discuss and clarify information and also furnishes data upon which training planning decisions can be made. Its main drawbacks are that discussion is time consuming and dominant personalities can affect exchanges negatively if allowed to do so.

The questionnaire method might include formal written surveys, performance tests, true-false questions, or general open-ended questions. While tests may be threatening to some, these methods allow participants to identify their own specific needs. In addition, pre- and posttests can be used to evaluate training results.

Observation methods can be used to explore staff relationships, behaviors, and skills. While this method is time consuming, and observers need background information and appropriate training in order for information to be objective, the information gathered can facilitate the assigning of training activities to very specific areas. It is recommended, due to the disadvantages cited, that observation be combined with at least one of the other methods discussed.

Evaluation of training sessions and of whole training programs can be used to provide trainees, trainers, and staff with the opportunity to assess the results of training efforts so that the agency can alter training programs as needed and continue to meet training needs. Evaluations can give continuity to training and provide specific feedback to both trainers and staff. The major drawback of this technique is that the interest and applicability of the content as well as the trainer's style and method of delivery for each session needs to be evaluated.

Evaluation as a follow-up procedure is a valuable means of assessing the continued effectiveness of the training cycle.

Robb and Gill (1978) suggest that each piece of information gathered from these methods be recorded on separate pieces of paper and be sorted into three groups: those that can be handled by effective training, those that require on-site and ongoing technical assistance, and those that are not solvable. Using the first set of information, patterns are identified that suggest the needed type of training. By breaking this information down further, specific units are suggested and participants fill in any gaps.

Step-by-Step Model

Source of Data

Of primary importance in the needs assessment process is the collection of data from randomly selected representatives of the target population. When assessing training needs, these populations include service workers, agency administrators, and instructors or trainers. Major consideration is given to staff input, since the training program is designed to meet their needs. Data collection can be completed through face-to-face interviews or questionnaire administration. Information regarding the following is included: (1) personal problems and needs; (2) perceived community problems and needs; (3) awareness of attitudes toward agency services and service providers designed to assist people in dealing with such problems (Neuber et al., 1980).

Strategies

There are certain steps in the needs assessment process that are taken in collecting and using the data described above. The sequence for a comprehensive, practical step-by-step needs assessment model simplifies the process and yet fills in gaps left by some approaches. Thus, while this model includes strategies for training needs assessment, it also includes steps for training-program-component development and implementation, and follow-up program evaluation.

Step 1—Form a Planning Committee

The first step in this needs assessment model is to form a planning committee to inform and involve key groups and to establish goals for the training program. These key groups include service workers, administrators, and trainers. In order to find willing committee members, interest in the program and its services may be stimulated through explaining its goals and purposes and using personal contacts and activities such as in-service workshops for referral agency personnel. One function of the committee is to clarify and affirm the agency's commitment to the evaluation of training needs. The desirability of evaluation of program and training needs in order better to serve the community is made apparent to agency staff. The purpose of the needs assessment process is made clear to agency staff so that their commitment to the process can be obtained.

Step 2—Define Training Program Goals

Once a working committee is formed, the task of defining the broad goals of the aging service and training program can proceed. A training goal may be defined as "a statement of what the learner is to be like when he or she has successfully completed a learning experience" (Mager, 1962, p. 3). For effective training programs to result, goals should reflect training needs. These needs exist whenever a change in a worker's present knowledge, skills, or attitudes can bring about the desired performance. The developmental needs of staff are another important area for consideration, if the training experiences are to maximize workers' potentials (AoA, undated).

These training goals stem from needs perceived by members of the committee and other key informants, and reflect goals from professional literature. They are viewed not as ends in themselves, but rather as means to the agency program goals. For example, a primary goal of the staff training program might be to help service workers learn to listen to clients, other staff, and community contacts. In this case, professional literature concerning communication skills can be used as guidelines, with the specific and unique needs of the trainee group taking precedence. The committee in this situation may choose to review available literature dealing with the development of effective communication skills, keeping in mind the special needs of the populations of concern. The agency staff and administrative members of the committee may take a leadership role in this process to assure that the training program goals are realistic, manageable, and appropriate, and reflect a comprehensive approach to the agency's training functions (Rimmer & Burt, 1980). An example of a set of training program goals is included in Figure 1.

Step 3—Develop Instruments

The next step is for the committee to design questionnaires or interview questions by generating a group of 30 to 40 items fitted to the goals established in Step 2 and reflecting the developmental level and tasks of the target population in relationship to each goal. In addition, the items should reflect the service providers' and trainers' skills and abilities. To keep the procedure simple, the same set of items can be used for each of the target populations' (e.g., service providers, supervisors) questionnaires. One way to make this workable is to have the instrument begin with an appropriate statement; for example, the service provider questionnaire might begin, "I need to learn. . . ," "I need instruction in. . . ," or "I need training in. . . ." Similarly, "Caseworkers need training in. . ." might begin the supervisor's questionnaire. An example of a set of items is included in Figure 2.

Step 4—Conduct a Pilot Study

The next task is to evaluate the items in the questionnaires by conducting a small-scale pilot study. Committee members administer the instrument to small groups of 3 to 4 persons each, asking the respondents to review the items and evaluate whether they reflect the goals defined in Step 2. After these evaluations are made, suggestions and feedback are discussed by the committee. When a majority of respondents make a suggestion for similar changes or if any respondent suggests a change that the committee feels is an improvement, the items are revised accordingly (Rimmer & Burt, 1980).

Step 5—Select Interviewers or Questionnaire Administrators

It is important that the questionnaire be administered to the target populations by trained personnel. Depending on the characteristics of the participants, the questionnaires may be completed independently with written instructions and responses, or with an interviewer reading instructions and questions and participants responding orally. Questionnaire administrators are prepared to handle both situations effectively.

The first step in the questionnaire-administrator selection process is to make an estimate of the required number of participants. Information to consider includes actual size of the sample, estimated average time per assisted administration, and deadlines for completion of the data collection process (Neuber et al., 1980).

FIGURE 1

Training Program Goals

To provide service providers with skills to:

1. Communicate more effectively with older people, community resource contacts, and peers.
2. Exhibit professional behaviors and present a more positive image of the agency.
3. Assume leadership roles in the community.
4. Have a positive image of their capabilities and of the agency's mission.

FIGURE 2

Needs Assessment Items

I need help in learning to . . .	Number of Yes Responses	Rank
Accept criticism from others.	52	1
Listen to others.	31	6
Speak before groups.	42	2
Make presentations in meetings.	39	4
Work more effectively with referral sources.	40	3
Understand the needs of the older people with whom I work.	22	7
Make good decisions.	37	5

Once the approximate number of questionnaire administrators required is established, the available sources from which they can be recruited are determined. Whenever possible, committee members participate in the administration process, ensuring personal contact that provides more exposure to the target populations (Rimmer & Burt, 1980). Possible additional sources include volunteers from the sponsoring agency, public service volunteers, local colleges, and community service organizations. Where possible, providing payment to questionnaire administrators is desirable because it increases their output and commitment and provides the committee with greater control over their behavior (Neuber et al., 1980).

When selecting questionnaire administrators, it is important to consider both objective and subjective characteristics. Objective characteristics include considerations such as weekend availability, access to a car, health, personal appearance, speaking ability, and related experience. Subjective characteristics are probably more important and may include honesty, reliability, organizational skills, ability to relate to others, and ability to persevere (Neuber et al., 1980).

Once questionnaire administrators are selected, it is valuable to develop a written agreement that clearly delineates and specifies both their responsibilities and those of the committee. This helps to improve communication and cooperation between the committee and outside workers (Neuber et al., 1980).

Step 6—Train Questionnaire Administrators

Training can be conducted individually or in groups. Group training is preferable, in order to save time, and questions raised can benefit all present. Training can be completed in one session and attendance should be mandatory for all those who will gather data.

Although the training is usually tailored to the requirements of a specific situation, several major topics will generally be included. First, a discussion of the background and rationale of the needs assessment project will give participants a clear idea of its nature and importance. Second, participants will benefit from having clear, specific statements of the needs assessment goals and objectives. A general explanation of the overall methodology used in the project is another important area to be covered.

Most of the session is spent going over the questions contained in the instrument, with specific instructions on how to administer the items and how to record responses. It is important to caution questionnaire administrators about possibly biasing responses and also to instruct them not to interpret, answer questions, or give examples for respondents. Providing an opportunity for participants to focus on their interviewing skills enhances their chances of success. The importance of physical appearance and initial impressions is an area to be stressed during this training session. A discussion of the initial verbal contact between interviewer and respondent and some hints on how to be assertive in a face-to-face interview situation are helpful.

Following this discussion, it is beneficial to have participants administer the questionnaire to one another. In planning for this part of the training, sufficient time needs to be allowed for questions and for participants to receive feedback on their performances (Neuber et al., 1980).

Step 7—Administer the Questionnaires

Next, committee members and trained interviewers administer the questionnaires to a random sample selected from the lists of service providers. There are several ways to choose subjects randomly, including: (1) using computer programs written for that purpose, (2) using a random number table, or (3) pulling names out of a hat. If a random sample is not feasible, a stratified random sample can be selected by randomly selecting, for example, two or three job classifications. All workers in these classifications would participate in the study. This procedure provides a representative sample and reliable data without the expense and time involved in assessing the entire population.

Step 8—Evaluate the Questionnaire Results

A simple way to evaluate the results of the questionnaires is to examine the frequencies of responses for each item. For example, if the items required a Yes (indicating a need for that item) or No (indicating no need for that item), the number of either response for each item should be computed. The items can then be ranked by the number of Yes responses (see Figure 2) by assigning a rank of 1 to the item receiving the highest number. This ranking indicates a hierarchy of needs suggesting priorities for program implementation.

Step 9—Develop Program Components

After the items have been evaluated, appropriate training activities are matched with the items that reflect areas of expressed needs (i.e., those having any Yes responses). The committee's involvement in this activity may be enhanced through the use of educational consultants and will be directed toward promoting staff involvement in planning the program.

Items that reflect the same goals should be grouped together, providing a basis for assigning them to subcommittees. Each subcommittee is provided with a list of items reflecting the program goal(s) under consideration, with the need rankings included. These small groups then design training activities to meet the expressed needs. Next, all the committee members meet, share their suggested activities, and obtain feedback from one another. Revisions or modifications are made in the training components if necessary. The committee then constructs a comprehensive list ranking the training activities. This list reflects each component's priority for implementation in the agency training program. In this way, representatives from the target populations, through their participation on the working committee and through the use of their ideas and suggestions, are involved in the staff training program. Through these efforts, a comprehensive list of training activities results (Rimmer & Burt, 1980).

Step 10—Implement and Evaluate the Program

This step is the goal of the needs assessment process: the implementation of staff training activities to meet the expressed needs of the target populations. The training components are made available to staff, with priority given to those with the highest ranks. It is important that the committee oversees the scheduling of these activities and participates in locating appropriate instructors and trainers. Participation in the training program sessions is publicized throughout the agency as a positive, worthwhile, and rewarding activity, with committee members in attendance whenever possible.

Later, the committee evaluates whether the activities truly met the target populations' assessed needs. This evaluation is conducted several months after the training program is completed. The original instrument can be administered a second time and again the results can be evaluated. If the number of Yes responses have decreased significantly (20% to 25%), expressed needs are being met. If, on the other hand, Yes responses remain stable or increase in frequency, expressed needs are not being met and training activities need revision (Rimmer & Burt, 1980).

SUMMARY

The needs assessment approaches outlined in this section are systematic methods of determining what content would be most appropriate in a training program. Thorough assessment of training needs is one way to assure the development of programs tailored to the specific target group of trainees. This process occurs within the context of the community and other related service and training programs for older people and those who serve them.

The three different methodologies reviewed in this section included the Nominal Group Technique used by AoA's Regional Education and Training Program and a cyclical, step-by-step process developed by staff of the National Council on Aging. A 10-step Model for needs assessment was presented as a simple yet thorough and valuable tool for human service program planning and evaluation. The strength of this model lies in the involvement of all levels of staff and administrators in the conduct of the needs assessment and training and serves as another example of the potential value of the team approach.

Needs assessment is crucial to effective program planning and also dictates evaluation criteria to be used in assessing the effects of program activities. The tools described in this section have been presented as models which trainers can adapt to the specific requirements of their setting.

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UNIT III
SECTION B

FUNDING TRAINING PROGRAMS

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Mr. Odell has been actively involved in APGA, having served on the Board of Directors and as President of both the National Vocational Guidance Association and the National Employment Counselors Association. His activities in the fields of counseling and gerontology are numerous and include serving as Chairperson of the National Board of Elderhostel, Inc., and as chairperson of the Pennsylvania Council on Aging. He also authored one of the modules in *Counseling the Aged: A Training Syllabus for Educators.*

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INTRODUCTION AND OVERVIEW

The bottom line in planning a continuing education program in gerontological counseling is obtaining funds. This section is intended to provide you with suggestions and guidelines for funding your training program; however, it is not a complete listing of all possible funding options. Some of the information presented here represents sources that were used by teams who developed programs as a result of the National Project on Counseling Older People. There are also sources described in this section that were not approached by these teams but that may be worth exploring, depending on the focus and structure of your particular program. There are a variety of resources that provide funding in the area of aging, and many of these would be receptive to programs in counseling. Because it is not possible to include all of these sources in this manual, we have provided a reference list which will be of assistance as you explore options for funding your program.

BACKGROUND INFORMATION

As with all aspects of program development, obtaining funding for continuing education programs requires careful planning. Your team's efforts will be successful more often if you take the time to understand fully your proposed program and the basic requirements and priorities of funding agencies. Some key elements involved are:

- your knowledge of counseling services and programs and why they are needed
- the quality of the training program you are planning
- your knowledge of sources of funding
- your ability to sell your program

It is improtant that you believe in your program and emphasize those features that will be most appealing to a specific funding source.

Some reasons why counseling is important for older people were described earlier in Section A of Unit I, Gerontological Counseling. Some ways in which counseling sources can be implemented through Older Americans Act programs were also discussed in Section 3, The Aging Network. Counseling is a service important to the effective delivery of virtually all services funded under the Older Americans Act. It is particularly critical for those services that involve direct contacts between older clients and service providers.

In a recent analysis, Pinson (1979) points out that counseling is mentioned in a variety of places in the Older Americans Act, yet counselors have not followed through with effective advocacy for their services. Virtually every activity and service funded through the Older Americans Act has implications for the professionally prepared counselor. Knowledge of the act and its counseling implications is an important part of background knowledge needed by those seeking funding for programs. Many service programs already provide counseling services, yet they may call the service by another name. It is important to be aware of the current extent of counseling services in your area before you can advocate effectively for your program.

Teams planning continuing education programs in gerontological counseling at the local and state level would benefit from a careful review of Pinson's materials and the information in Units I and II before contacting any funding sources. It would also be helpful to learn about any relevant legislation in your own state that affects counseling. Two useful sources for this information are the aging and mental health program offices in your state (see Appendices A & B). The more you can learn about existing legislation, funding, and programs, the more effective you can be in advocating for your own. You can establish youself as knowledgeable by presenting factual information on programs, service and training gaps, and funding potentials, in addition to knowing where to go to obtain fiscal support.

OBTAINING FUNDS

When attempting to obtain funding it is important to develop at least a tentative plan for your program, including careful attention to the development of goals and objectives. All of the steps described in Unit II are relevant. One of the initial steps is to research your options to find the best match between the focus and goals of your proposed program and those of the funding agency. You can avoid wasting your time and that of a potential funding source if your program is not in an appropriate or mutual area of interest. A good strategy is to list the key areas of interest of your program and then match them with those of potential funders, many of whom are listed later in this section. In taking this initial step you will probably discover many sources that do not fund the kind of program you have planned; however, those that do appear to match your interests can then be contacted for more in-depth research.

Once you have selected the funding sources that appear to have interest in your particular type of program, the next step is to gather guidelines and available literature on each source. The more detailed information you have at your disposal regarding the source's past funding patterns, current programmatic interests, and future directions, the greater the likelihood that your efforts to seek funds will be successful.

After reviewing this information, you may select one or more sources that seem appropriate and contact them for specific instructions on submission of proposals. It is helpful to develop a one-to-two page description of your planned program to submit at this time. Potential funding sources can then provide you with specific information concerning their interest, or suggest ways to improve your program and chances for obtaining funding. They also can tell you they are not interested in your program, and thus prevent you from investing time in an effort that will not be fruitful.

An in-depth treatment of techniques for the development of grant proposals is beyond the scope of this manual. The process of writing successful grants is one requiring careful attention and effort, and it includes far more than the actual writing of the proposal. A variety of resources, including formal courses, are available in most areas.

It takes time and creative marketing to achieve success. "Selling" is not enough, and peddling one general proposal to 15 or 20 possible funding sources is usually not a successful way to get support. It is important to focus your proposal to meet the priorities and specification of each individual funding source.

One nationally recognized authority on obtaining grants, and a very successful grantsman, claims that a well designed proposal is only about one-fifth of the battle in getting a grant (Conrad, 1979). Three-fifths of the effort must go into the marketing aspect of the proposal. This entails learning about possible funding agencies, developing winning grant ideas, structuring your agency or program for success in managing the grant, and marketing your proposal to the pinpointed interests and needs of the funding sources and personalities that you have selected as targets. The remaining one-fifth of the effort is concerned with follow up and grant management. In other words, effective grantsmanship or fund raising requires a systematic marketing approach rather than a saturation sales approach, which never really targets in on a funding agency or its key persons in an appealing and successful manner.

Conrad (1979) provides a list of 21 tips on how to write successful grant proposals. These suggestions, which may be implemented by planning teams, follow.

a. Although teamwork is necessary for effective program planning and implementation, do not use a committee to actually write the proposal. The fewer writers involved, the better and more fluid will be the proposal. Preferably, one team member with good writing skills should be the author, with editorial assistance from a grants coordinator.
b. Aim your pitch at one individual—try to visualize that person.
c. Write in the third person. It is easier to brag about they than I.
d. Select an appropriate and interesting title of 10 words or less—don't be cute or hammy.
e. If the proposal is a long one, of 10 pages or more, prepare a table of contents.

f. Be liberal with spacing, subheadings, and use of underlining to ease reading and emphasize important points.
g. Try to limit each sentence to 15 words or less; be concise.
h. Try to limit yourself to two commas per sentence—this keeps you from saying more than one thing at a time.
i. Keep your paragraphs short and present only one thought per paragraph.
j. Use contractions freely—*That's* the way you talk, *isn't* it? It's the key to more effective, personal writing.
k. Use quick openers. Like good newspaper openers, they catch the reader's attention early and keep it.
l. Don't make a mystery out of your proposal—start right in with the most important point.
m. Accentuate the positive—emphasize opportunities rather than needs; donors would rather know "where it's at" than "where it isn't."
n. Beware of "iffy" and hopeful statements—be positive.
o. Don't overkill—remember you are dealing with sophisticated customers; too much sugar can sour the wine.
p. Use nickel and dime words but don't insult the reader's intelligence.
q. Beware of professional jargon, abbreviations, and vague references.
r. If you have trouble getting started, begin with the budget—money has a strange way of defining our methods and objectives.
s. Ask for the order. There is no need to be sly with granting agencies; literally come in the front door, make the pitch, and close the sale.
t. Use the KISS method (Keep It Simple, Sweetie!). Keep your proposal short and simple.
u. Break the rules. Writing is an individual matter; so don't get hung-up on someone else's writing rules. The main thing is to make yourself clear.

These tips will be most useful and appropriate in addressing grant proposals to private, corporate, and community foundations. This is not to say the government agencies will not require or appreciate the quality of writing style implicit in the tips listed above, but frequently there is a great deal of redundant and required supplemental material associated with government grants and contracts that limits the creativity of the proposal writer.

One way to learn the preferences of particular funding sources is to ask to see copies of proposals they have funded. For any public agency, these will be public documents. Alternately, you might visit an existing project or program that receives grant funding and ask them to help you learn by studying their successful grant writing methods and proposals. Again, it is always helpful to involve someone with a proven track record, someone who has written a grant that was funded.

SOURCES OF FUNDING

A variety of sources exist for funding continuing education programs in gerontological counseling. It would be impossible to describe them all in this manual. We will discuss instead major funding sources and options and provide references for those interested in pursuing funding in given area. The sources of funding to be reviewed are divided into four major categories: state-federal (government sources), corporate and foundations funding, private groups, and in-kind funding. Remember that each source has its own specific interests, priorities, and guidelines for obtaining funding. Remember also that funding levels fluctuate often based on changing presidential administrations. Current information and creativity will always be necessary tools for persons seeking competitive funds.

Government Funding

The myraid of government agencies that provide funding can be overwhelming to a novice seeker of funds. It becomes much more manageable when we consider that only a select number of agencies provide direct services for older pserons and that even fewer of them provide funds for training. When seeking funds, remember that federal agencies may fund together or separately through national, regional, and state branches of government organizations. Further, they may subcontract training funds to a third party, such as the regional education and training program discussed in Unit I, Section 4, which then funds local programs. The following discussion focuses on federal programs at the national level, with mention made of regional and state programs where applicable. Additional sources of information concerning federal-state funding are found in Appendix 1 to this section, which is an annotated list of these sources, and Appendix 5, which is a chart describing available federal programs for training.

Older Americans Act

Funding for a program to teach basic communication skills to practioners who are providing direct services to older persons could come from the titles of the Older Americans Act used to fund the services. This is particularly true of training for counseling services as it is assumed that virtually every program and service provided under the Older Americans Act that involves direct person-to-person contact affords opportunities for counseling. Much direct service to older people is provided through agencies and programs not directly connected with legislation; however, this is the only legislation with the needs of older persons as the primary focus.

Think for a moment about the types of services and the location or sites for such services that are financed under the Older Americans Act. These were described in Unit I, and include diverse programs such as senior centers and in-home care. The staff of these settings are also varied and include persons such as legal aides, senior aides, telephone reassurance personnel, transportation dispatchers, and drivers. These and many other types of service providers and practitioners, including volunteers, are potential deliverers of counseling services at the paraprofessional or peer counseling level. Further, these persons can have a significant impact on the mental health of older persons if they are trained in basic communication skills. This opens up a broad range of funding potential for peer and paraprofessional counselor education directed toward serving older adults.

In seeking funding for continuing education programs in gerontological counseling, program planning teams should explore with both the state agency on aging and the area agency the use of Older Americans Act funds for training programs. One or more of these agencies should actually have representatives as members of your planning team. Even though they may be convinced of the necessity for funding counseling or communication skills training, they may have little control over the actual allocations of funding for such programs. It may be necessary to convince others using the advocacy methods described in Section C of this unit.

When approaching Older Americans Act funding sources, including state and area agencies as well as agency officials responsible for delivering direct services to older persons, several arguments may be used to help obtain funding for continuing education in gerontological counseling. Basically, these arguments are as follows:

a. The majority of practitioners and volunteers have had very little training of any kind and no basic training in counseling concepts, techniques, and methods.
b. Every person-to-person contact at a meal site, a senior center, a housing project, and so forth is a potential source of counseling assistance and support to the participants.
c. We can no longer rationalize the current level of communication between program participants and staff on the basis of clichés such as "It's not the meals, it's the opportunity for socialization," or "You can't force these people to accept educational and vocational programming if all they want is an inexpensive hot meal," or "They come here to forget their problems, not to talk about them."
d. Every practitioner and every volunteer, given communication skills training, can become a positive resource for counseling assistance and support to older persons. Such assistance and support can be an important new dimension to reaching and serving older persons who will not be reached otherwise because there is no staff person or volunteer dealing with them who is sensitized to their counseling needs and the community resources available to help meet these needs.
e. This is a practical and relatively inexpensive way to expand services and to deal with unmet, emerging needs and problems before they become catastrophic. Early provision of preventive services can be far less costly than later remediation.

f. Interpersonal communication skills training should be regarded as basic because it not only alerts the persons delivering services to the counseling needs of clients, but also provides basic training in the concepts of aging and social gerontology that enhances the ability of practitioners to serve aging and aged clientele effectively.

g. Such training will also sensitize volunteer practitioners to the social action and advocacy aspects of their jobs. Too many volunteers and practitioners are satisified merely to be doing good, when they should be sensitized to the need for doing better, particularly for those of their clients who have needs and problems that cannot be resolved by a single, simple form of intervention or service.

Strong arguments exist for the introduction of interpersonal communication skills training as a basic part of the preservice and on-the-job traning of practioners and volunteers in any program or service funded by an area agency on aging. If these arguments are accepted, then the funding of this training becomes a fairly simple and forthright matter of competition with other services for a small part of the available funds. The costs at the beginning need not be great and should probably be requested at a modest level, if only because it is always wise to start slowly and do well rather than to become overly ambitious in claiming big potential results for an untested and untried enterprise.

Funding under the Older Americans Act is commonly referred to by titles of the act. As discussed in Section B of Unit I, Title III identifies federal grants for state and community programs on aging. Part B of this title describes social services for older persons, one of which is counseling. Title III-B funds can also be used for training, though this possiblity has been implemented only rarely. An excellent example of the use of III-B funds for peer counseling training is found in the description of Florida's exemplary program in Unit IV. The Florida team's close working relationships and effective planning resulted in a $55,000 grant from the Area Agency on Aging (AAA) to the university to conduct peer counseling training.

The major source of training funds in the Older Americans Act is Title IV, which provides for programs relating to training, education, research, and demonstrations. Through Part A of this title AoA supports training programs at institutions of higher education to assist students to gain the knowledge and skills needed to serve older persons. Part B supports research projects that provide knowledge to improve services for older persons. Part C authorizes demonstration projects designed to provide knowledge to meet special needs of older persons, including preretirement education and services (other parts of Title IV are discussed in Unit I).

Title IV funds may be obtained at the federal, regional, state, or area level, depending on the scope of a given training program. The National Project on Counseling Older People was funded by AoA at the federal level. The regional education and training programs fund conferences and training that have regional impact. Statewide training programs, such as the one developed by the Arkansas team and described in Unit IV, are funded by the state units on aging. Many examples of programs funded through Title IV-A at the area level exist. Some of them are described in Unit IV, including one of the programs developed in Tennessee (Team 1), the Wisconsin team, and both teams from Nebraska.

Title XX—Social Service Training Funds

Title XX, the major social service funding source, includes a large training component. The majority of these training funds are administered by state social service agencies. Title XX funds often appear in local programs in concert with Older Americans Act funds. Since Title XX also funds counseling services, the potential for counseling training from this source is readily apparent. In past years, Title XX training funds were almost unlimited. The situation has changed, and the state unit on aging on either the local or state level is a good source of current information. The Pennsylvania exemplary program is an example of one program that received Title XX training funds.

Mental Health Funding

Funding for mental health services and training is administered through the National Institute of Mental Health (NIMH). This agency, like AoA, is under the auspices of the Department of Health and Human Services, specifically the U.S. Public Health Service, Alcohol, Drug Abuse and Mental Health Administration. In addition to a variety of research and demonstration programs, NIMH provides mental health training grants to increase the number and improve the quality of persons working in mental health and related settings, and to develop new kinds of workers.

Grants are available from NIMH in three categories: Mental Health Services Manpower Education/Training, Mental Health Services Manpower Systems Development, and Mental Health Services Manpower Research and Demonstrations. Mental Health Services Manpower Education/Training funds include the categories of Basic Mental Health Education Grants, Continuing Education Grants, Short-Term Training Grants for Non-Mental Health Personnel and Special Projects Grants. The Mental Health Manpower Systems Development program includes grants for state and regional Mental Health Manpower Systems Development. The final grant category, Mental Health Manpower Research and Demonstrations, includes Education/Training Demonstrations, Manpower Development Research, and Special Projects such as conferences, workshops, institutes, and seminars.

Mental health funding may be obtained at the federal, regional, state or local levels. One of the Nebraska exemplary programs (Team 1) received funds for peer counseling from the federal level. The Oklahoma team received funds from their regional office to develop training materials and conduct sessions, and the Virginia team received some funds form the local mental health unit, members of which are part of their team.

ACTION Programs

The federal ACTION office provides funding for programs such as Senior Companions, the Retired Senior Volunteer Program (RSVP), and the Foster Grandparent Program. It may be possible to secure some funding support for continuing education programs from the local ACTION agencies, particularly if their volunteers are a part of the training effort. As an example, one Arkansas program included senior volunteers in its training, and the local RSVP program paid for all curriculum materials and books for all trainees.

Department of Education

A substantial number of grant programs are administered through various organizational components of the federal and state departments of education. Among these are:

a. *Title I, Higher Education Act (HEA)*—Monies from this title are used to provide funding for a variety of adult higher education programs, including partial subsidies for tuition under programs like Elderhostel in many states. Title I funds are also used to fund preretirement education programs, noncredit courses in adult development and aging, and lifetime learning courses for older adults in community colleges.

b. *Titles I, III, IV-A and VII of the Elementary and Secondary Education Act (ESEA)*—Some examples of programs for older adults funded under the ESEA are as follows: the Continuous Progress Education Center in Seattle, Washington; Extra Curricular Activites and Recreation for Adults in Ionia, Michigan; Community Education Improvement in Atlanta, Georgia; Educational Needs Assessment Including Older Adults in Olympia, Washington and Knoxville, Tennessee; and Family Counseling for Senior Citizens in Pontiac, Michigan (Ciavaralla, 1977).

c. *Adult Education Act*—Matching grants are provided to states to expand educational opportunity and to establish programs of adult basic education. Some states such as Pennsylvania have given priority to older adults.

d. *Vocational Education*—Funds are available to help meet the special vocational needs of youth "and others," including older adults. The Wisconsin Exemplary Program (see Unit IV) obtained vocational education funds for part of their training program.

e. *Indian Adult Education*—This program includes grants to improve the effectiveness of adult education programs for Native Americans.

f. *National Institute of Education*—NIE provides funds to improve equal opportunity in education and the quality of education, especially research in basic skills, education equity, and education and work.

g. *Fund for the Improvement of Post Secondary Education (FIPSE)*—FIPSE supports innovative programs in post secondary education and focuses on learning problems of "new learners" such as women and minorities, workers as learners, and so on.

Department of Agriculture (DOA)

The Cooperative Extension Service of DOA provides funds to serve local needs in agriculatural production and marketing, rural development, home economics, and youth programs. In some instances cooperative extension programs have become interested either in the concerns of older people or in communication skills training for service providers or both. The extension service was represented on the Mississippi team and helped to obtain funding for the team's communication skills training program.

Additional State-Federal Funding Sources

There are other federal and state agencies and programs with educational and training funds, as well as research and development funds, that possibly could be tapped in funding continuing education programs in gerontological counseling. Those agencies required by law to serve older persons are likely to have funds or projects specifically identified for this purpose. In the module on legislation and advocacy included in *Counseling the Aged: A Training Syllabus for Educators* (Odell, 1979), all or most of these federal agencies are listed in chart form with a brief description of their program and service roles and responsibilties. This chart may be helpful in several ways to those seeking funding for continuing education programs in gerontological counseling.

First, it can serve as a source of leads for federal funding to train practitioners and volunteers in providing counseling services. For example, this could even apply to legal aide counselors, tax counselors, health counselors, mental health counselors, insurance counselors (including health, homeowners, life, and auto insurance), and small business counselors. Second, it can help in a search for state and local counterparts of federally funded programs that serve older persons and employ paraprofessional practitioners and volunteers as well as professional counselors and social workers.

In addition to leads from the chart that center on aging programs, there is the more generalized *Catalog of Federal Domestic Assistance* (U.S. Government, 1979). This is the basic tool for federal grants research and contains descriptions of most federal granting programs along with contacts to make for further information. The catalog can be found in most major libraries, and it may also be obtained upon request through the offices of the appropriate congressional representative or senator. It can also be purchased for the use of the serious grant seeker from the U.S. Government Printing Office in Washington, D.C. at a cost of $18.00. Virtually all university and municipal grant offices have this document and subscribe to periodic updates published by the government.

State Funding

Although much of the funding for aging-related programs is initiated at the federal level, state governments are frequently required to furnish part or all of the local matching contributions for the operation of federal grant programs. It is also possible that the federal government may require that the state be the applicant, which means that distribution of funds to eligible parties would then be the responsiblity of the state. In the field of aging, the state serves as intermediary between the federal and local governments in the form of a state agency on aging. By mandate, these agencies are responsible for distributing Older Americans Act funds to the local area agencies on aging within their states. In assessing needs, the state governments may include new programs for the aging where gaps in services are identified by providing their own funds. This was the case with the Wisconsin exemplary program described in Unit IV.

Many states recruit volunteers, patient advocates, or ombudspersons to protect the rights of older people in nursing homes, homes for the aged, and boarding homes. All such volunteers would benefit from communication skills training, and the possibilities of funding under the state agency's appropriation for administration of such programs should certainly be explored. Also, states may sometimes fund training efforts through general revenue if the legislators can be convinced of the need.

Corporate and Foundation Funding

Another major area to be investigated for possible funding is the private sector, which includes corporations and foundations. Although great potential exists for obtaining funding through these channels, each individual corporation and foundation has its own process through which a prospective applicant must make a request to receive allocations. The most commonly used approach for distributing funds is that of direct grant or direct contribution. Distribution is administered from within the corporation for annually allocated funds. A separate entity, established by a profit making corporation for the sole purpose of distributing grants obtained from an endowment or annual gift, is the company sponsored foundation.

Information regarding large corporate foundations and their giving patterns may be obtained from *The Foundation Directory* and other sources listed in Appendix 2. Due to the fact that half of corporate philanthrophy is made directly, rather than through a foundation, persons seeking such funds need to compile their own records of potential sources, based on newspaper and business journal articles, personal contacts, and Chamber of Commerce directories. Another source of information is Standard & Poor's *Register of Corporations, Directors and Executives,* which will direct you to the name and department handling a corporation's social responsibility programs. This book is available in the reference section of most public libraries.

Another option that you might consider as a source for funding is that of local businesses or corporations. In addition to the approaches suggested previously for selling your program, the key point of interest to a local business may be publicity and visibility in your community. Chambers of commerce maintain lists of local businesses that can be contacted for support and funding.

In contrast to corporate giving, foundations are philanthrophies institutionalized and governed by federal definitions and tax laws. Effective in 1969, all foundations were required to make their operations a matter of public business by virtue of requirement for public disclosure. The Foundation Center, a nonprofit organization devoted entirely to gathering, analyzing, and disseminating factual information on these foundations, serves as a resource for persons interested in applying to grant-making foundations for funds. It has numerous regional offices, the addresses of which may be found through books (White, 1975), grants offices, and libraries.

According to the Foundation Center, a foundation is a nongovernmental, nonprofit organization with funds and program managed by its own trustees or directors and established to maintain or aid social, educational, charitable, religious, or other activities serving the common welfare, primarily through the making of grants (Conrad, 1979).

There are five types of grant-making foundations (Conrad, 1979):

a. General purpose foundations, which include most of the large, well-known organizations and operate with professional staff under broad charters.
b. Special purpose foundations, which are restricted by charter to a specific field or purpose.
c. Family foundations, which are established by a living person or persons rather than by bequest, with boards, that consist typically of family members and their immediate associates. They tend to function as vehicles for the personal philanthrophy of the donor.
d. Community foundations, sometimes called community trusts, have multiple donor sources, and gifts or bequests are administered through banks. The purpose of community foundations is to maintain and improve the quality of local community life.
e. Company-sponsored foundations, which are an instrument of corporate giving, typically have officers of the company serving as its trustees. Although some have endowments, they usually depend on the company's annual gift, which is based on profits.

Instead of attempting to list all, or even a representative group of foundations, the reader is referred to Appendix 3 of this unit, Basic Foundation Grant Research Tools, which is excerpted from a publication by the Public Management Institute (Conrad, 1979). Grants and foundations directories are, of course, rather expensive, but most of the publications and sources listed will be found in any reasonably comprehensive public library. Two foundations having a track record of interest in the field of aging are the Mott Foundation and the Andrus Foundation. The National Endowment for the Humanities, and its state and local counterparts, has also expressed a continuing interest. Many more exist and are described more fully in the book *Funding in Aging: Public, Private and Voluntary* (Cohen, Oppedisano-Reich, & Gerandi, 1979).

Appendix 4 of this unit contains a list of some newsletters that contain weekly, monthly, or bi-monthly updates on grants information in various specialized fields. Articles on available funding will always list priorities and interests of the funding source, so it is possible to pick the sources that have an interest in the area of aging.

Private Groups

A number of local, regional, and national nonprofit organizations may be sources for financial and technical support. Many nonprofit, nongovernmental organizations have been involved actively in a vast array of gerontological activities. In addition to financial support, many religious groups, professional associations, and civic, fraternal, and social organizations provide other forms of support such as consultation, conferences, training, research, loan of personnel, and other services. Although financial support may not be available through some of these sources, it may be quite beneficial to explore these options for access to other resources and support for training programs. Even if they cannot provide direct funding, these groups frequently provide indirect funding in the form of volunteers, donation of facilities, and other valuable in-kind contributions. Lists of local churches and civic organizations may be obtained from telephone directories and chambers of commerce.

GETTING BY WITH LIMITED OR NO FUNDING

It is not always possible to obtain all of the funding desired for a training program, and sometimes no outside funding sources can be tapped. Even with limited or no funding, it is still possible to plan and implement a successful training program. Considerable creativity and some investment of time is required, especially during the planning stage. One way to approach this issue is to consider that all commodities, including your time, have a monetary value. So, as you work cooperatively to plan and conduct training, you are providing funds on an in-kind basis—therefore, your program is funded. This philosophy can help you to stretch limited funds or get by without funds from the organizations previously discussed.

One possible approach to the funding and implementation of a continuing education program in gerontological counseling is to sell communication skills as an ongoing in-service training program to the Area Agency on Aging and the prime sponsors and ultimate employers of the staff that this training program is trying to reach and train. Under this model, teams would be responsible primarily for training the trainers, or supervisory staffs, of each sponsoring agency; the ongoing responsibility for the training of practitioners and peers would rest with the agency trainers rather than with team members such as counselor educators. An alternative approach used by the Nebraska team in Lincoln is to train students to be trainers of service providers. This approach places the team in the role of consultant. It also cuts down on the cost of the training and therefore the funding problem, since an even stronger case then can be made for using AoA and Title XX funds for training. In addition, the students benefit from experience in supervised teaching activities.

Alternatively, when funds are not available, the implementation of a program can depend on the use of volunteer or in-kind resources. Facilities for training may be obtained free of charge from the agencies involved, and civic groups, banks, restaurants, doughnut shops, and fast food chains may provide refreshments for worthwhile programs as a tax deductible community service. Refreshments, if desired, may be provided on a pay-as-you-go basis. Successful implementation of the team approach can provide a variety of people resources, and people have time and talents to contribute. Trainers can donate their time, but remember that they still have other duties to fulfill. The same is true for network staff. Some staff release time from other duties should be sought for workers who donate their time. Release time for both trainers and trainees was an important part of the Pennsylvania and Nebraska (Team 2) exemplary programs. Using retired counselors as teachers is another potential resource.

Training programs can also operate on a pay-as-you-train or fee basis. Both the Utah and Virginia exemplary programs as well as the Washington program have used a participant fee or tuition system to defray training expenses and fund their programs. University continuing education programs have an established mechanism for dealing with participant fees. Systems can be devised whereby trainees pay part or all of their expenses.

The institutionalization of gerontological counseling training programs into existing training systems will, eventually, result in a decrease in the need for grant funds. Universities and community colleges can provide this type of training as part of their regular course offerings. When this occurs, the costs become part of regular institutional budgets and operating expenses.

Funding need not be an all or nothing proposition that spells success or failure of a training effort; however, while we like to believe "Where there's a will there's a way," funding can be a really big obstacle. Training programs need not be expensive, but whether funded directly or indirectly (through in-kind services), some costs and some investment of human potential are always required. The latter are what make the difference between successful and unsuccessful programs, whether or not outside funding is available.

SUMMARY

A variety of sources of funding exist, some of which are more readily accessible than others. Creative use of resources involves careful planning, exploration of multiple avenues of funds, and the ability to utilize fully any available sources. Multiple funding sources are almost always required. This is readily apparent if you consider sources such as in-kind and grant funding to be different, yet complementary.

Adopting a broad based philosophical approach to funding and combining it with a team approach to program planning stands a good chance of success in the fund-seeking business. The Wisconsin exemplary program, described in Unit IV, is a good example of a team that solicited funds from multiple sources—the state Bureau of Aging, the Area Agency on Aging, the Vocational-technical Adult Program, and in-kind resources—and developed an outstanding program. This aspect of their training was part of its uniqueness, and it stands as a model for planners seeking funding from multiple sources.

This unit has outlined various sources of funding to be explored by program planners. Mental health funding, Older Americans Act funding, and various community and private foundation sources were among those described. Strategies for tapping available resources were also included. The many references are provided as a means of exploring currently available options in a given geographic location. The planner is encouraged continually to update information and resources as funding sources are modified.

APPENDIX 1

Sources of Information on Federal Funds

Catalog of Federal Domestic Assistance. A comprehensive listing and description of Federal programs and activities that provide assistance or benefits to the U.S. public. It includes 1,054 programs administered by 60 different federal departments, dependent agencies, commissions, and councils. Designed to aid potential beneficiaries in identifying and obtaining available assistance. Also intended to improve coordination and communication on federal program activities among federal, state, and local governments. Available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Catalog of Federal Education Assistance Programs—USOE 1972. An indexed guide to the U.S. Federal Government's programs offering educational benefits to the American people. Includes all programs administered by the U.S. Office of Education, as well as programs administered by other federal agencies in support of educational services, professional training, or library services available to the general public.

Congressional Quarterly (Magazine). Weekly report published by Congressional Quarterly, Inc., 1725 K Street, N.W., Washington, D.C. 20006. Annual subscription rate is $151.00. A weekly report on legislative happenings. Status of legislation, bills in committee, voting patterns, pressing political issues, and projections are concisely presented and discussed. An excellent source for keeping abreast of the national scene, congressional events, and implications for funding.

Federal Register. A periodic report of the latest federal rules and regulations pertaining to recent federal laws. The language in this document is exactly the same as that signed into law. An excellent resource for finding precise information concerning federally sponsored projects. Resources for gerontological counseling funding will most likely be found under programs sponsored by the Department of Health and Human Services or the Department of Education.

Guide to Federal Assistance for Education, The (book and newsletter). (Up-dated monthly.) Appleton-Century-Crofts, Division of Meredith Corporation, Professional and Reference Department, 440 Park Avenue, South, New York 10016. Annual subscription rate is $225.00. (Initial order, $375.00.) An absolute must for all development officers. A massive index of federal assistance to programs for individuals, elementary and secondary schools, and institutions of higher education. A section listing upcoming program deadlines is particularly helpful.

HEW (now HHS) Catalog of Assistance (Catalog). Prepared as a public service to the many people who request information about grants and other financial assistance programs of the Department of Health and Human Services. Identical to the program descriptions found in the catalog of Federal Domestic Assistance. This document, consisting of the HHS portion of the federal catalog, is designed for the person interested mainly in HHS assistance activities. Available from the Superintendent of Documents, Government Printing Office, Washington, D.C., for $2.00.

APPENDIX 2

Basic Corporate Grants Research Tools

Corporate Foundation Directory—Taft Corporation, 1000 Vermont Avenue, N.W., Suite 600, Washington, D.C. 20005—$95. Basic information about over 250 private corporate foundations.

Dunn and Bradstreet Publications—useful for locating large local corporations and finding information on their offices; *Dunn and Bradstreet's Million Dollar Directory*—$175/year, *Dunn and Bradstreet's Directory of Corporate Managements*—$95/year.

Fortune—Double 300 Directory, P.O. Box 46, Trenton, New Jersey 08607—$6.

Foundation Directory, The—Columbia University Press, 136 South Broadway, Irvington, New York 10533. Subscription rate is $15.00. Formerly published by Russell Sage Foundation. Outdated by the time it is printed, but is being computerized to up-date. Good source of addresses, resources, and purposes of U.S. private foundations.

Profiles of Involvement: The Handbook of Corporate Social Responsibility—programs of over 200 corporations, Human Resources Network, 2010 Chancellor Street, Philadelphia, Pennsylvania 19103—$42.

APPENDIX 3

Basic Foundation Grant Research Tools

Foundation Center Publications—The Foundation Center is a nonprofit organization involved in the collection and dissemination of data on foundation giving. Most important publications are:

> *Foundation Directory Edition 6*—Basic information on the 2818 largest foundations. Columbia University Press, 136 South Broadway, Irvington, New York 10533—$35, plus $1 handling.
>
> *Foundation Grants Index, 1977*—listings of 14,276 grants over $5,000 (approximately 80% of grants are this size). Published annually. Updated in *Foundation News,* annotated below. Columbia University Press, 136 South Broadway, Irvington, New York 10533—$15.00.
>
> *Foundation Center National Data Book*—2 volume compilation of data on smaller foundations not in the *Foundation Directory.* Foundation Center, 888 7th Avenue, New York, New York 10019—$40.
>
> *About Foundations: How to Find the Facts You Need to Get a Grant.* This monograph contains information on how to use the publications of the Foundation Center and other grant research tools. Foundation Center, 888 7th Avenue, New York, New York 10019—$3 prepaid.

Federal Grants and Contracts Weekly: Selected Project Opportunities for the Education Community—Capitol Publications, Inc., Suite G-12, 2430 Pennsylvania Ave., N.W., Washington, D.C. 20037—$114/year, published weekly except Christmas week.

Grants Letter, The—good in social sciences and sciences, Baraka Books Ltd., 453 Greenwich St., New York, N.Y. 10013—$48/year, published monthly except July.

Grantsmanship News (newsletter)—Available from University Resources, Inc., Four Gramercy Park, New York, N.Y. 10003. A monthly newsletter intended to keep one abreast of new and pending projects from both Washington and foundations. The coverage related to federal projects is excellent and current. Foundations, however, are given only cursory perusal. Annual subscription is $108.00.

Health Grants and Contracts Weekly—Capitol Publications, Inc., Suite G-12, 2430 Pennsylvania Ave., N.W., Washington, D.C. 20037—$114/year, published weekly except Christmas week.

Health Systems Report—Morris Associates Inc., 1346 Connecticut Ave., N.W., Washington, D.C. 20036—$105/year, published weekly.

Local Government Funding Report—Government Information Services, 752 National Press Building, N.W., Washington, D.C. 20045—$186/year, published weekly.

APPENDIX 4

Newsletters

An excellent way to keep up with the complex world of government funding is to subscribe to newsletters in your field. Though sometimes expensive, they can save you a great deal of research. This is a list of some of the better ones. We suggest you write for a sample copy before subscribing.

ARIS Funding Messenger—2330 Clay Street, Room 205, San Francisco, California 94115.

- *Social and Natural Sciences Report*—$85/year, main issues every six weeks, supplements every three weeks.

- *Medical Sciences Report*—same as *Social and Natural Sciences Report.*
- *Creative Arts and Humanities Report*—$58/year, issues every six weeks, no supplements.

Education Daily—a thorough periodical covering news of interest to the education community, including grants data. Capitol Publications, Suite 9G, 2430 Pennsylvania Ave., N.W., Washington, D.C. 20037—$275/year; $155/6 months.

Educational Resources (newsletter)—Published by the Educational Resource Systems, Inc., 1200 Pennsylvania Avenue, Box 6180, Washington, D.C. 20044. Issued at $45.00 per year. A monthly newsletter for two-year colleges. Reports on grant deadlines. Includes project descriptions and criteria for evaluating grant applications, agency developments, and programs discussed with contact points. Excellent for most current deadlines.

Foundation Annual Reports: What They Are and How to Use Them—Includes information on how to use these excellent sources of data, along with addresses of 397 foundations that publish annual reports. Foundation Center, 888 7th Avenue, New York, N.Y. 10019—$2 prepaid.

Foundation News—includes bimonthly updates of Foundation Grants Index as well as excellent articles written for foundation executives. Foundation News, Box 783, Chelsea Station, New York, N.Y. 10011—$20 year.

LRC-W Newsbriefs—excellent in all major fields for foundation and government grant opportunities. Lutheran Resources Commission, Washington Dupont Circle Building, Suite 833, 1346 Connecticut Avenue, N.W., Washington, D.C. 20036—$50 year, published monthly.

State Foundation Directories—These vary in quality, but often contain valuable information on smaller foundations not found in the *Foundation Directory.* Write the Foundation Center, 888 7th Avenue, New York, N.Y. 10019, for a current list of state foundation directories.

Trustees of Wealth—The Taft Guide to Philanthropic Decision Makers—Taft Corp., 1000 Vermont Avenue, N.W., Suite 600, Washington, D.C. 20005—$90.

MH-MR Report. (Mental Health/Mental Retardation), Morris Associates, Inc., 1346 Connecticut Ave., N.W., Washington, D.C. 20036—$50/year, published semi-monthly.

ORYX Press, 3930 East Camelback Road, Phoenix, Arizona 85018—$375/year + $30 postage, monthly updates to one main volume.

APPENDIX 5

Available Federal Programs for Training

Program Name	Federal Catalog No.[a]	Objective	Uses	Eligible Organization	Matching Requirements
AoA's Programs:					
1. Special Programs for the Aging—(Title III)	13.633	To support programs for older persons	Title III resources can be used for in-service training in conjunction with approved activities in annual plans	State Units on Aging and Area Agencies on Aging	75-25
2. Special Programs for the Aging—Section 308 Model Projects	13.634	To demonstrate new approaches, techniques and methods in support of programs for older persons	One category of approved uses supports innovative continuing education methods	Any public or non-profit agency, institution or organization	None, statutorily, but HEW imposes a min. of 5% administratively

APPENDIX 5 (continued)

Program Name	Federal Catalog No.[a]	Objective	Uses	Eligible Organization	Matching Requirements
3. Nutrition Program for the Elderly—Title VII	13.635	To provide low cost nutritious meals with appropriate supportive services	Title VII resources can be used for in-service training in conjunction with approved activities in annual plans	All states with approved plans and local service providers	90-10
4. Special Programs for the Aging—Training Title IV(a)	13.637	To train persons in aging and for career training	For in-service training and career education. Provisions also for convening conferences, training quality improvement	States (with elective pass-through to local agencies) Any public or non-profit org., inst. of higher education	Not statutorily required
5. Senior Community Service Employment Program	17.235	To provide work opportunities in community service activities for low income persons who are over 55 years old	Provision is made for training, counseling, and other supportive services for those employed under this program	Those agencies with Title X placements	90-10
Other Federal Programs:					
6. Public Assistance Training Grants—Title XX of Social Security Act	13.772	To provide training and retraining directly related to provision of social services for staff of Title XX-funded agencies	Personnel training and retraining of current personnel or personnel preparing for directly related jobs for the provision of service	Service provider organizations and institutions of higher education upon application to a State-level Title XX agency	75-25
7. Public Assistance—State and Local Training	13.724	To train personnel employed or preparing for employment in agencies administering public assistance programs	For training, retraining or training preparation for workers	State and local agencies administering public assistance programs, institutes of higher education	75-25
8. Mental Health Training Grant	13.244	To increase number and improve quality of mental health workers	Training programs and stipends	Public or non-profit organizations	None
9. Higher Education—Cooperative Education Programs	13.510	To provide Federal support for cooperative education programs	Programs which combine study with public or private employment	Institutions of higher learning, non-profit orgs. (public and private)	N/A
10. Comprehensive Employment and Training Act	14.232	To provide job training, employment	Classroom training, OJT, public service employment, work experience	States, units of local government, and private non-profit orgs.	None
11. Employment and Training Research and Development Projects	17.232	To support employment and training to develop human resources of the nation	Research and demonstration projects	Academic inst., state, local government, and private, non-profit orgs.	None
12. Training Assistance to State and Local Government	27.009	To assist State and local governments in training personnel	Training course, consultative services, advisory services, etc.	States, their political subdivisions	None—Users may have to pay portion of costs incurred
13. Intergovernmental Personnel Grants	27.012	To assist state and local governments	Training of certain employees	States, cities with populations of over	50-50

APPENDIX 5 (continued)

Program Name	Federal Catalog No.[a]	Objective	Uses	Eligible Organization	Matching Requirements
		to strengthen their actual management capabilities		50,000, or Indian tribes	
14. Title I of the Community Development Block Grant Program	14.219	To develop viable urban communities	Supportive social service and training	Cities and urban counties	None

[a] Refer to 1977 Catalog of Federal Domestic Assistance Superintendent of Documents, Government Printing Office, Washington, D.C., May, 1977.

Source: Center for Public Management, ***Program Development Handbook for Local Managers in the Aging Network on Staff Development.*** Washington, D.C.: DHEW publication No. (OHDS) 78-20025, November 1977.

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UNIT III
SECTION C

ADVOCACY

Clinton Hess
Paul A. Kerschner

Clinton Hess is currently the Administration on Aging Regional Program Director for HHS Region VIII. Previously, he served as a consultant for the Older Americans Act community service and activities programs, was involved in community and cooperative development work under an Agency for International Development contract, and served as an official of an agricultural organization, responsible for cooperative and community development and legislative liaison.

Mr. Hess received his BA in Education and Science from the University of North Dakota in 1946. Over the past 30 years his work has been essentially that of an advocate at the state and federal levels, working with local advocate groups concerned about the problems of older persons. He is co-author of the advocacy handbook *Silver Lobby,* a member of several gerontological organizations and committees, and was a delegate to the 1961 White House Conference on Aging.

Paul A. Kerschner is Associate Director, Division of Legislation, Research, and Developmental Services, for the National Retired Teachers Association-American Association of Retired Persons. Prior to this, Dr. Kerschner spent 4½ years as Director of Community Programs at the Andrus Gerontology Center, University of Southern California. He has also served as Executive Director of the Governor's Commission on Nursing Homes, State of Maryland; worked with the Office on Aging for the Supplemental Security Income Program of the Social Security Administration, Baltimore; and been Assistant Professor, School of Social Work, University of Maryland.

Dr. Kerschner received his PhD in Public Administration in 1973, his MPA in 1969 from the University of Southern California, and his BA in Political Science from California State University, Fullerton in 1964. His major activities have been in the arena of public policy analysis and legislative development. He has been deeply involved in long-term care at the legislative and training levels. Dr. Kerschner is editor of the publication *Advocacy and Aging,* and author of numerous articles on the role of advocacy and older persons.

INTRODUCTION AND OVERVIEW
A IS FOR ADVOCACY—ACTION AND ACHIEVEMENT

Advocacy may be defined in a number of ways and from several different perspectives. The setting, the persons involved, and the sphere of influence being targeted will all play a role in determining the specific form of advocacy taken.

There are many kinds of advocacy and those that are pertinent to the development and implementation of continuing education programs in gerontological counseling will be described in this section. A practical guide to becoming an advocate for your program will be outlined, and specific strategies and considerations important to effectiveness will be detailed.

ADVOCACY—WHAT IT IS

Advocacy as a Concept

Advocacy is an activity in which someone pleads a cause on behalf of him or herself, or another, in order to effect change or reformation. It usually takes place in an arena of justice and fair play, and it is assumed that those in whose interest the advocate acts will not—or at least, should not—be denied the benefits of our society.

Advocacy as a Process

At first glance advocacy may appear deceptively simple. It seems that just speaking out will get results, but this is not the case. While advocacy is generally accepted as an ingredient of the democratic process today, those who perceive themselves to be targets of the advocates seem reluctant to give anything away. There are struggles involved, and there are no certain short cuts. Advocates, if they are successful, must take certain reasonable and calculated steps, which of necessity occur over some period of time. Their activities can be expected to incorporate a series of persuasive strategies, and they should anticipate countervailing resistance. Newton's law of physics stating that for every action there is an equal and opposite reaction is certainly applicable to advocacy.

The Process Is Complex

To be effective, advocacy must employ at least the following activities: outreach, public information, community organization, administration, volunteerism, planning, research, and interpersonal relations. Of course, we should not assume that any one individual advocate will have talents and experience in all of these areas, but we do suggest that the builder of the advocacy team try to tap persons with experience in as many of them as possible. The blending of talents in a persistent campaign can be rewarding, and this belief in the team approach is an important part of the program planning process.

Types of Advocacy

A study of advocacy, advocate groups, and their activities reveals that advocacy is alive and well for numerous organizations, groups, and interests. For some, their publicity seems to contribute to their effectiveness—and to their ability to raise funds. Publicity, in giving the appearance of genuinely serving the public interest, can help generate contributions and is important for organizations dependent on contributions. For other groups, publicity is undesirable, since they are not dependent on public support. The prime objective of such groups is to gain influence with and on behalf of their sponsors. If the sponsors are adequate in number, and able to meet the costs of the activity, publicity could well be to their disadvantage. The highly visible advocate groups may be either social issue groups concerned with topics such as welfare rights or abortion, or they may be commercial interests campaigning for values such as freedom from gun control.

Those who are involved in the development of gerontological counseling training programs are concerned primarily with social issues. The remainder of this paper addresses the special characteristics of social issues advocacy.

Qualities of Social Issues Advocacy Team

In order to be prepared to master the wide range of activities previously described, the social issues advocacy team should consciously plan to include team members who have special qualities and interests. One of the objectives of training efforts for persons who provide services to older people, including advocacy services, will be to develop better "listenership." The social advocate must be able to listen with the heart, with true compassion. And in listening, the advocate must be cautioned against usurping the right of choice, which should be that of the individuals for whom he or she is concerned. It is too easy for us to decide what is best for the other person. It is too easy for our sense of compassion to save the older person from having to go through what we would consider a trial. As the following verse describes, the helped often become convinced that the helper does not understand.

A Ball O' Yarn

Why, Hell
  we was happy as two kittens
  with a ball o'yarn
  fer forty seven an' a half years.

I know th' firs' time I seed her
  she was a good un
  sassy like a blue jay
  but 'neath it was a sparkle
  in her eye thet said
  she was true blue
  an' not a sceered o' life.

Maw reared four young uns
  with not much he'p fum me
  she did.

She was patient an' lovin'
  just what they needed
  an' they tarned out awright
  they did.

'Cept them damn kids thought
  they was too smart fer us
  when they growed up.
Thought they knewed
  what was good fer us.
  "Paw, you gatta quit working' so hard"
    they said.
  "Maw, take it easy"
    they said.
Didn't have sense 'nuf t' know
  we was born in the harness
  an' had t' stay thet way.

Anyhow
  we was both feared o' the day
  when we couldn't manage.
Maw used t' say
  "Paw, I'm sceered yer gonna go first
  an' I won't know what t' do.
But Maw, God rest her soul
  didn't make it through las' winter.
I could see she was failin'
  we was so close.
An' I could tell, I could
  an' she didn't make it.

Don't think I care t' keep on.

The kids say
  "Paw, you'll be awright".
But they don't un'erstan'
  'bout Maw an' me.

C. Winfield Hess

Compassion can often be misdirected through our failure to listen to and understand the inner needs of older persons. We must encourage them to express their own concerns and to retain their individuality. An essential part of social issues advocacy is to truly understand and represent the needs of those being served. The needs of older persons must be considered in planning and advocating for training programs designed to serve them better.

Understanding and adequately considering the needs of the represented group is common to all team members. Different persons will be able to contribute various qualities to the overall efforts. Key members of the group should excel at motivation and persuasion. They will be balanced by individuals who are willing to stand up and call the shots, pointing out the difference between right and wrong. Others need to be able to deal with facts to incorporate conviction in building the case with either the decision makers or the public. It is important also not to overlook the need for the organizer who can visualize the steps that are so crucial to success.

Interest Group Advocacy

You are no doubt familiar with organizations such as the National Council on Aging, the American Association of Retired Persons, or the Gray Panthers. They are examples of advocacy organizations successfully representing the interests of older persons on a number of issues. Although the issues may change, and priorities may differ from year to year, organizations such as these are established on a permanent basis.

Issues Advocacy

Often we find that single issues attract enough attention and seem to have sufficient urgency to justify the formation of an organization to advocate specifically for a single issue. The longevity of the organization will depend either on the speed with which the issue is resolved or the need to remain intact over a prolonged period of time to resolve the issue. When organizing around a single issue, caution should be observed. Unless the issue affects large numbers of people, or unless support for the concept is quite broad, it may be difficult to rally sufficient strength to be persuasive.

If your concern is the establishment of helping-skills training programs, or mental health and counseling services, and there is a strong indication that the issue is perceived by community leaders as being too narrow, you may want to consider tying into broader interest groups. Check out those who are working on behalf of older persons, especially those working in the aging network (see Unit I, section B) and who represent sympathetic professional interests. You may be able to capitalize on existing strength and avoid diluting your resources.

In doing this, however, do not expect to find a total commitment of resources and energy to your special concern. It is even possible that when priorities are established, the broader interest group may not be able to carry enough of the load to satisfy you. In that case, do not sever connections. Instead, come to an agreement regarding the part they can play and proceed with organizing for your special drive.

ADVOCACY—WHY IT IS IMPORTANT

More Problems, Fewer Dollars

As societal structure becomes more complex, people problems seem to increase in direct response to the complexity. Several generations ago, older persons in most communities felt comparatively secure in neighborhoods that were characterized by relative stability of both the population and the economy. Many older persons today have fewer informal supports than in years past and are plagued by inflation that threatens the security of housing, income, and health care. The same mobility that has given their younger family members access to new employment opportunities is causing many of them to live in isolation. Centralization of business districts and the creation of shopping centers have contributed to the demise of neighborhood stores and the removal of nearby medical services. Transportation systems have not kept up with the changes, contributing further to isolation. Frustration and stress are commonplace. Lack of a variety of resources is easily identified as the common denominator.

We can never expect to have enough federal or state funds to meet all the service and activity needs of older persons, or for any other group. In fact, there may be a tendency for service agencies to have relied too heavily on funding to solve the problems of older people. A case can be made for agencies having become too dependent on government-funded programs, such as those described in the following section of this unit, to the detriment of the older citizen's self-reliance.

Thus, older persons are confronted with greater difficulties, and there are fewer resources available to serve them. It is essential that we advocate for programs to meet these increased needs. Gerontological training and counseling activities are prime examples of needed support services. The need for gerontological counseling was well documented in Section A of Unit I. The potential for counseling services to be provided through programs in the aging network was explored further in Section B of that unit. To carry the potential linkages through to fruition will require effective advocacy efforts.

Budgets and Benefits

In today's economy, with stringent budgets for social services, we must examine even more closely the need for specialized services for older persons. The commonplace services and activities do not go far enough. We have not, for the most part, recognized the need for preventive measures in social and health care. As a matter of fact, this nation has not yet been able to focus wholeheartedly on preventive care in any human needs field. The reason is simply that there is little money for suppliers, providers, and practitioners if people are well. Without a financial incentive, there is little advocacy in this direction. On the other hand, select corporate interests in high priority fields such as the military or energy development have the power and the funds to gain the support of elected officials either directly or indirectly. They can capitalize on the tendency for legislators to associate closely with the atmosphere of success.

There is little or no glamour—or profit—in training administrators and staff of care facilities, for example, to communicate more effectively with older persons. Yet the potential is there for higher levels of job satisfaction on the part of the employees, and thus lower staff turn-over. Greater capabilities of staff, if captured in higher quality services, can create broader community support for funding of these services if it can be shown that such services contribute to the well-being of older persons. Hands-on counseling and improved communication skills can definitely improve quality of life. When that happens, counselor educators and aging network staff and administrators, who are becoming increasingly concerned with funding of their own programs, may find they have cultivated a supportive constituency.

When advocating for the benefits of the kind of training described here, it is essential to point out the potential financial benefits. For example, employers may see the potential benefits of reduced staff turnover and decreased absenteeism.

Addressing Specific Needs of Older Persons

When funds are readily available, it is comparatively easy to offer a broad range of services. It is becoming increasingly difficult, however, to impress local officials and the voters with activities or services that are of questionable value, at least as they understand them. In fact, a real resistance may be developing. It is critical to demonstrate the importance of specific training to meeting the needs of older persons in order to justify the existence of such training programs. It is also essential to educate community, state, and national leaders about the importance of these programs in adequately serving older persons.

Communities can be quick to respond to success stories, and these can be a very effective tool for publicity purposes. Comunity leaders are impressed, for example, when they learn that senior center staff are employing innovative techniques to assist in the rehabilitation of persons who have had strokes. Another anecdote might involve a service provider who has successfully helped a resident deal with anxiety and stress to the extent that he or she is now moving out of seclusion and becoming more socially involved. Through the systematic exposure that comes from effectively meeting human needs, a movement from a spirit of resisting service programs to an appreciation for how these programs contribute to the well-being of older persons in the community can be achieved.

Gerontological Counseling Can Be Vital

The availability of staff with important service skills does not assure linkage between the service providers and people who could benefit from the application of the skills. Confidence must be instilled in both parties. With ability to relate to others, desire to help can be reinforced with a sincere understanding of the other person's perspective. Many older persons have lost confidence in professionals in general, including lawyers, doctors, and politicians. Gerontological counseling can be valuable for older people, and in this climate of mistrust of professionals it is important that the advocate be able to demonstrate the potential benefits of counseling.

Detailed attention will be paid to the makeup of the advocacy team in the next section. In considering the importance of public education and image building, it seems advisable to include the following perspectives: older persons who are aware that quality programming can be made available; staff of service providing agencies who are sensitive to social needs but are frustrated by lack of progress being made in the delivery network; trainers or potential trainers who can visualize the benefits accruing from improved quality of service; and agency administrators who are interested both in quality service and building a positive reputation in the community.

HOW TO ADVOCATE FOR YOUR PROGRAM

Advocacy activities include those things the team does to prepare their "case," as well as the actual contacting of public agencies and officials to seek support for a program. Neither set of activities alone is adequate to guarantee success. They are prescribed below as a sequence of steps which must be completed in the advocacy process, but which may overlap and occur simultaneously.

The Necessary Homework

Step 1—Identify Problems and Issues

We have an abundance of problems in our society, many of which appear to have little chance for resolution. An example is the problem of providing everyone an adequate income. other problems seem to attract ready solutions: Witness the space shuttle, or the President's Physical Fitness Program. As long as a problem is neglected and little interest is expressed in bringing about a solution, it remains a problem. A dictator may resolve problems without a discussion, and if the case is closed in that matter, for the time being it does not become an issue. As long as a problem remains accepted and taken for granted, there is no chance for resolution. We should think in terms of converting problems into issues so that they might become visible and benefit from debate and discussion.

Step 2—Analyze the Impact

Before developing strategy, you and your team members should be thoroughly familiar with the disadvantages that older persons, staff, and administrators experience without a gerontological counseling program. You should also be able to predict or identify the benefits of the program being implemented. Enlist assistance in building a file of specific individuals with problems that are not being met by the service agencies, as well as examples of successful instances in which personal problems have been resolved or reduced. This kind of information is essential in building the case. In describing both the impact of the problem and the impact of the proposed solution, you will want to take into consideration whether the problem demands a one-time solution or whether the resolution will occur over a period of time, perhaps with successive activities.

Step 3—Identify Proponents and Opponents

Initially your list of proponents and opponents will quite likely be short. Obvious supporters will be easily visible and you may not feel there is any opposition. When listing supporters, include those who either can benefit from your program or would have a sense of well-being when it is implemented. The opposition will be those who are benefitting from the status quo. It may not be particularly pleasant to recognize that there are beneficiaries as a result of someone's discomfort or disadvantage, but without exception this is true.

Your list of supporters may include planners, counselors, senior center and nutrition site staff and directors, as well as key aging network personnel in other positions. Do not assume, however, that they will be motivated. Those with whom we will be working most closely may be oriented toward other aspects of their work and may even have negative feelings about aging. Providers may see a broader involvement with older persons as placing excessive demands on their facility as well as on their staff. Aging network people may have been exposed to the idea and the intended benefits, but may see their job as one of funding and administering existing programs. Due to current pressures they may not feel they are able to take on additional responsibilities.

Select university staff may be sympathetic to the needs you are exposing and may even be strongly in favor of more gerontological focus in curricula, but may be in no position within the academic structure to speak out. University administrators may be much more interested in research that produces a paper carrying the name of their institution; however, many faculty members are achieving increasing recognition for community service as well as research. Alternative sites such as churches, synagogues, and private foundations are currently involved in less than 25% of the counselor education efforts, and might be considered as potential resources.

Step 4—Recognize Nonsupporters as Not Necessarily Opponents

In the same sense that we should seek to neutralize the opposition, we may wish to motivate nonsupporters into becoming supporters. Keep the door open. Do not antagonize the nonsupporters. And in all instances, make every effort to avoid interpersonal conflicts. You can always find a way to disagree without being disagreeable.

Step 5—Identify Decision Makers and Influences on Them

Every advocacy effort is geared toward influencing a decision. The action or decision may be as simple as a changed attitude, when an individual decides that there has to be a new way of looking at an issue. Or, in its fruition, it may be the final act in a sequence of activities when the governor signs a bill into a law. There are usually many influences on the decision, some obvious and some not so obvious. Decision makers are driven by personal priorities and outside pressures, as well as by their sense of duty to those who are in authority. Their personal priorities may reflect a real concern for solving people problems, or may be directed more toward assuring fiscal accountability. It is important to keep in mind that in times of tight fiscal policy, social justice may be harder to achieve. It is intangible and difficult to measure. Dollars are counted and end up on the balance sheet or in the appropriation authorization.

Some managers want to avoid controversy while others enjoy making a tough decision and living with it. Others are interested only in facts. In terms of style, some decision makers appear to be totally responsive to the public or to their authority, while others seem to be independent and autocratic. Those administrators who appear to be functioning independently may be exercising their personal priorities in making decisions. It is also quite possible, however, that he or she has close personal contacts whose influence guides those decisions directly.

There are a number of possible sources of influence, and the following two figures or charts delineate lines of authority and potential influences for persons who hold various positions. These are not meant to be exhaustive but can help advocates identify the elements and pressure points about which knowledge is needed to plan advocacy efforts effectively. As with the example of the manager above, individual personalities and situations dictate the specific factors and these charts outline general areas to be considered.

Action Steps and Strategies

Step 6—Establish Clear Objectives

Your goal will be to arrange for the planning and implementing of a helping skills training program for service providers to older people. The achievement of this goal will involve building a team, gathering financial support, arranging for the necessary instructional resources, and identifying the appropriate participants. Through the program you will expect to increase provider as well as community respect for older persons, emphasizing positive experiences. Participants will realize the potential for learning from older persons and gain a better

FIGURE 1

The Arena for the Decision Maker:
The Intended Authority and Examples of Some Potential Outside Influences

The decision maker may report to:	The decision maker may also be influenced by:
Local appointed public board	Local elected officials, business interests, state officials, political leaders, community leaders, personal friends, co-workers, media
State appointed public board	Appointed officials, state legislators, business and economic interests or associates, professional groups, media, political leaders, congressional members
Local elected board	Other elected officials, business associates, professional and business interests, voters, media
State elected board	State legislators, governor, other political leaders, economic and business interests, professional groups, voters, media
Local agency	Business interests, professional groups, service organizations, citizen groups, individual citizens, media
County agency	County elected officials, state officials, councils of government (plus all influences affecting local agency)
State agency	Governor, state legislators, members of the congressional delegation (plus all influences affecting local agency)
Federal agency	White House, Congressional delegation, state and national political leaders, national organizations
Educational institutions	Governor, state legislators, state governing board, institution president and department heads, professional groups/organizations, statewide citizen groups, general community

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understanding of the aging process by contradicting popular myths about aging while all individuals involved become increasingly sensitive to the burdens and anxieties of age. While some of these accomplishments will be natural products of the training, it will be your responsibility to develop a clear strategy that will enable these outcomes to occur. Specifically, you will plan a strategy that will influence the appropriate decision makers to decide favorably to support your objectives.

Step 7—Be Sure Your Strategy is Appropriate to the Mission

Come to a clear understanding of the decisions you need. Know who can make the decisions you want. Plan a strategy that will convince the authorities to make the appropriate decision. At the same time, try to avoid overkill as it is a waste of time and talent that can be better spent on achieving program goals.

Having determined who will make the necessary decisions to support your training effort, decide what is the acceptable form to be used or procedure to be followed in presenting your case. Aging network agencies may have flexibility within a plan, or they may require a plan or contract to be amended. If the procedures call for a hearing, you must be aware of the technicalities involved. Your timetable may have to be amended. Local political bodies may have to publish notice, or they may be able to take action through passage of a resolution. If state legislation is needed, it will be necessary to find sponsors for the proposed bill, nurture it through the committees, then triumph in positive final action on the floor of both houses before signature by the governor makes it a law. On yet another front, favorable action by colleges and universities may be achieved with only slight difficulty in a department, or may be brought to fruition only after gaining approval by the state board.

Step 8—Sort Out Facts From Emotions

Every issue has both emotional aspects and relevant facts and data that need to be considered. Some agencies, and the people in them, respond more favorably to emotions, while some may tend to weigh facts more carefully before making a decision. Your being convinced of the merits of an issue does not mean that everyone

FIGURE 2

Persuasive Forces in Decision Making

Potential influencers:	Influencers may be impacted by:
Elected officials	Awareness of social/economic problems Public or private stand by business and professional groups Guidance or advice from personal friends Expressed concern or intervention by political leaders Voter mandate Outcome of hearings and public meetings Media reporting/investigation on issues that reflect on good judgment, personal integrity, or sincerity of the elected officials of the affiliated party
Business interests	Expression of concern by consumers Legislative or congressional intervention Media reporting/investigation on business ethics Expression of concern by stockholders Attitudes of other business leaders
Community leaders	Same as for elected officials except that voter mandate also includes members of the political organization
Professional groups and service organizations	Awareness of social/economic problems Involvement in activities dealing with local needs Media reporting on effectiveness of the organization and relationship to public interests versus private
Media	Revenue generated by advertisers Public/political interests of owners/managers Recognition of public service by competition Subscriber and listener/viewer response
Individual citizens	Personal contact by neighbors/friends/other citizens Mass mailings Media reporting/editorials/investigations Informal approach or comments offered by businessmen, professionals, service or activity officers, managers and staff

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thinks as you do, although your enthusiasm can be contagious. It is important to assess what needs to be done in an individual situation and respond appropriately.

Step 9—Enlist Your Allies

With today's budget crunch, most agencies need support for their regular budgets. No doubt they can use your support as a trade-off for their supporting this training program. Carefully determine the support needs of potential allies. Some may place a high priority on doing the right thing. Others need to establish a record of service in the community. Some may need to satisfy their economic, political or professional motives. Tailoring your strategy to achieve subgoals for your supporters, as long as you do not compromise your own, is good planning. Successful advocacy can be a win/win situation for members of the team. It is essential that you keep your supporters well informed of not only your intentions but also progress toward your goals from the very beginning through the completion of the campaign. You may need them from time to time to write letters or attend meetings, hearings, workshops, or rallies, depending on the progress you are making.

Step 10—Develop a Calendar of Action Steps

Activities with due dates, deadlines, and assigned responsibilities should be clearly spelled out and monitored. Your calendar should place special emphasis on subgoals that can be accomplished in short periods of time, thus fostering a periodic sense of accomplishment.

Step 11—Arrange for Building Awareness and Publicity

There will be two approaches to building public awareness and creating a favorable public image. Strategic publicity will be programmed routinely with the activities on the calendar. This will be planned in advance and will be coordinated with the campaign. Objectives, for example, might be to persuade university administrators that public support for the university through the development of programs that meet people's needs will build stronger legislative support than research with which most voters cannot identify. The public may well be informed that gerontological counseling or helping skills training is planned as a community service and not as a handmaiden to outside corporate interests. Interest could be generated off-campus for counseling programs that generally receive little attention and exposure. Spontaneous publicity will be tailored to keeping the community and the affected agencies informed of activities and progress of the team as unexpected events take place. When developing either strategic or spontaneous publicity, careful planning is crucial. Feature the greatest number of team members in a coordinated variety of contacts with talk shows, press releases, and personal interviews. Supporters appreciate the attention when you arrange for them to be featured, and the publicity can generate enthusiasm in additional portions of the community.

Step 12—Present Your Case

Having charted the sequence of necessary steps on your action calendar, present your case professionally when the time comes. Some appointed and elected officials may try to intimidate witnesses. Be prepared to present and respond to questions coolly, factually, and with confidence. You will no doubt be prepared more adequately than anyone of the opposition. Having done the homework outlined above will pay off as you will be well-prepared to present your case.

Step 13—Expect a Response

If you are trying to get legislation passed, you can measure the sincerity of the response every step of the way through to the signed measure. In most other situations, responses may be more difficult to measure unless you negotiate until you have something in writing. You can always tactfully ask for clarification in writing in order to avoid misunderstanding, if you sense an uncertainty.

Step 14—Implementation and Follow Through

Advocates too frequently see their task as completed when approvals are granted for implementation. Those who fought the hard fight have a stake in seeing that the program is implemented according to plan and that arrangements are maintained in line with the stated expectations or agreements. In the meantime, for the record, plan to document the entire campaign. Note successes and failures, with names and places. Develop a simple "who's who" of the persons and agencies involved. This information will be useful in the various stages of advocating for your continuing education program.

The advocate group should assume an image of success for the conduct of the program. Members should promote a good image in the community and favorable media coverage. Follow up could include special activities such as a public open house. But even more important is the image that is conveyed by those who are directly involved. And trainees need to be encouraged to tell others of the benefits they are deriving from the program. Trainers, trainees, older persons, and administrators should build public awareness and support from the outset. Many worthy special interest groups have found to their dismay that they kept their successes to themselves until the day their funding was cut, and then it was too late. Success stories can be enhanced further by linking with other similar programs and sharing experiences. Success builds success. Sharing success also increases one's own convictions.

SUMMARY

This section explained and defined program advocacy as a complex process requiring team involvement for maximum success. The importance of advocacy was stressed, and a 14 step model for this process was described. The model includes homework activities as well as public presentations. Advocates are encouraged to follow up to ensure the success of their efforts.

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UNIT III
SECTION D

TAILORING PROGRAMS FOR SPECIFIC SETTINGS

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INTRODUCTION AND OVERVIEW

Area agencies on aging, senior centers, and nutrition sites can be significant components in the expanded delivery of mental health and related services to older persons. This section will outline the various functions of each setting and the staffing patterns and services likely to be found. Trends that may have impact on the delivery of services will be identified, and specific issues and considerations that would help shape a training program also will be described.

AREA AGENCIES ON AGING

Area agencies on aging are the designated planning and coordinating organizations designed to assure comprehensive, coordinated service delivery to older persons at the local level. They are part of the administrative structure described in "The Aging Network" and serve as the area wide link between the state units on aging and local service delivery programs. Senior centers and nutrition programs are local service programs.

The 1978 amendments to the Older Americans Act charged area agencies on aging with designating "a focal point for comprehensive delivery in each community to encourage the maximum collocation and coordination of services for older individuals" (OAA, 1978, Sec. 306 - 3).

SENIOR CENTERS AND NUTRITION SITE SETTINGS

Senior centers were developed to serve as a focal point for a variety of services to older persons in local areas. The following characteristics of focal points for service delivery have been listed by the National Institute of Senior Centers (NISC, 1980):

1. Visible and accessible to community residents.
2. Clearly identified with aging and older people.
3. Associated with a positive image of aging and with the conception of older people as a community resource.
4. Group-oriented to foster peer interaction and reduce dependency on professional relationships.
5. A community-based nonprofit, voluntary, or public agency capable of coordinating an array of services and activities, including those of other agencies collocated at the focal point facility.

Nutrition programs for older people were first mandated in 1972 under Title VII of the Older Americans Act. Agencies delivering meals were required to devote at least 20% of their funds and efforts to support services including transportation, escort, socialization, and counselng, among others. The nutrition programs fall into two general classifications: congregate meals and home delivered meals. Senior centers often serve as a site for the congregate meals and support services. Especially when designated as community focal points, they can develop, implement, and coordinate programs of interrelated social and nutrition services designed to meet the needs of older persons in the service area. The result of this key role is that these centers become places where older people congregate, and where their needs, problems, and concerns are not only visible to the staff, but also potentially amenable to helping interventions.

PARTICIPANTS

Participants at senior centers and nutrition programs are people 60 years of age or older and their spouses. Most are ambulatory, though persons who are homebound are served through the home delivered meals component of the program. The senior centers and nutrition programs are preventative and enrichment programs and are of particular value to older persons who are mobile and can travel to and participate in group activities at the centers. These programs also play an important role in the lives of older and more frail individuals, one goal being to integrate them with more able elderly persons. By using the senior centers as focal points, they become identifiable places for older people to come together, to seek services, to have opportunities to use developed skills, and to learn new skills for their own benefit and for the benefit of their family, friends, and community. Participants have a vital opportunity to share in the planning and implementation of programs that service them, and even more importantly, they learn to help each other and learn from each others' experiences how best to cope with aging.

SERVICES

The 1980-81 Public Policy Agenda of the National Council on Aging directly targets senior centers:

> Senior centers around the country strive to provide information, services and activities that address the needs of the whole person. To achieve this goal, the senior center works cooperatively with other community agencies and organizations to provide comprehensive services effectively and efficiently. The senior center, in making services more accessible and acceptable to older persons, helps to maintain and enhance the functioning level of older persons and channels their skills and abilities into productive activities. Senior center services are an essential part of the community's continuum of care, supporting older people as they become impaired or frail. These services may forestall or prevent institutional care.

Although nutrition programs have been perceived as providing meals and other nutrition services, including outreach and nutrition education to older persons, they serve a vital socialization function by bringing people together to eat and interact in a congregate setting. Providing services that meet the most basic of physiological needs, eating for sustenance and survival of the physical self, is a vital though essentially secondary goal. Congregate programs provide older people with the opportunity to learn to socialize, express themselves, share, and feel valued.

The services provided in these settings are designed to meet several basic criteria: The job or program of services should effectively meet a tangible need; the participants should benefit from having their needs met; and they should have the opportunity to grow and develop. As has been stressed throughout this manual, the delivery of services to older persons is enhanced when service providers have the necessary skills to develop helping relationships.

Counseling is listed as an appropriately funded service for both community and in-home programs. Each Area Agency on Aging determines its needs and provides training and staff development to those service providers contracted to deliver the direct services. Thus, the area agency has the responsibility of articulating local needs and rendering local reponses in terms of specific services to meet these needs.

STAFFING

The basic staff of senior centers and nutrition programs consists of managers or administrators and direct service personnel. The staff may consist of a nutritionist, cooks, helpers, transportation attendants, social directors, and clerical workers, as well as recreational therapists and other professionals such as social workers and mental health counselors. In addition, volunteers from the community and interns from educational institutions tend to augment many of the specific services provided by these organizational units. A team approach is essential in providing the most effective and meaningful program of services. People using different helping skills can work together to provide uniquely tailored services within this setting.

Salmon (1978, p. 14) observed that only "rarely is a staff member" of a senior center "professionally trained and certified" as a counselor. Although staff persons "may be highly competent, salaries tend not to be commensurate with competence and responsibilities." Hence, the training of existing staff in basic communication skills can be a means of filling an existing gap in services.

ROLE OF THE SENIOR CENTER IN THE COMMUNITY

There appears to be a trend to emphasize senior centers and nutrition programs as major components in the aging network delivery system. The concern with the social well-being of older persons necessitates a strengthening and expansion of services. Many of these are preventative in nature and include activities such as recreation, art, education, nutrition, and health education. The senior center as a learning center is a concept that is beginning to receive widespread attention. Provision of opportunities for learning, intellectual growth, and personal development is implicit in the senior center philosophy, which states:

> Older people are individuals and adults with ambitions, capabilities and creative capacities; they are capable of continued growth and development. . . . Senior center staffs are obliged to create and maintain a climate of respect, trust and support, and to provide opportunities for older persons to exercise their skills and to develop their potential as experienced adults within the context of the whole community to which they belong and to which they bring their wisdom, experience and insights. (NCOA, 1978).

This learning philosophy is becoming a trend in center programming. Services and activities are going beyond the structured classroom setting, and class offerings and services are becoming responsive to the needs and desires of the participants. Self-enrichment and skill development seem to be the new aims of many senior center classes and services. Increasingly, more activities are focusing on health care, coping and physical impairment, nutrition, cooking for one, and coping with psychological concerns. Overall, older people are beginning to receive a variety of services which help them to participate more fully in community life.

The senior center is also a resource for the community as a whole. In addition to these settings serving as learning centers for older persons, senior centers and nutrition programs are making visible and positive statements about aging, increasing the entire community's awareness of older persons. These units have become a resource to the community for general information about aging and about aging services available; they are also becoming invaluable resources to family members, helping them to help their older relatives. There is also an increasing trend for these centers to serve as learning laboratories for college students and professionals interested in serving older people and practicing new helping methods aimed specifically at older adults.

SPECIAL CONSIDERATIONS FOR TRAINERS

Training for individuals who work in a senior center or nutrition program on a paid or volunteer basis involves certain basic and general content also necessary for training work in other settings. Individuals who are in professional and paraprofessional positions designed to render services need relevant information and effective skills to help older people live more secure, meaningful, and creative lives. Objectives posted for training programs should encompass both cognitive and affective dimensions. Creative approaches to implementing these objectives can be used in these settings. In tailoring programs for training personnel to function as skilled helpers at senior centers and nutrition sites, the objectives should include the following:

1. Activities/materials that emphasize the concepts of *advocacy* and *facilitation*.
2. Activities/materials that include familiarity with and sensitivity to *varying life styles*.
3. Activities/materials that encompass *basic intervention* and *facilitation* strategies.
4. Activities/materials that explore the *nature of barriers* that block development of potential in the lives of older people.
5. Activities/materials that focus on *positive ways to implement humanizing services*.
6. Activities/materials that present strategies for *personnel to serve in the total implementation of services*.

The challenge of addressing the mental health needs of older persons offers a new front for training service providers at senior centers and nutrition sites to improve the picture of growing old in America. The training of these service providers goes beyond educating them in various helping skills to include use of community resources and knowledge of specific strategies for helping that are appropriate for the particular group of older people and for working within these settings.

A number of specific strategies are found to be effective especially in the senior center and nutrition program settings. Older people attending these programs usually have not been using traditional mental health services. This may be due to the stigma attached to seeking such services, lack of information about the value of the services, and the need for self-reliance. The service provider in these settings is in a unique position to capitalize on an existing positive relationship based on trust and respect. Trainers perparing persons for work in these settings can include the following strategies.

Informal Contact

As the participant is not likely to seek help or support directly, it can be provided through informal interactions. The service provider who sees the older persons every day can offer supportive assistance through the usual contacts. A general spirit of helpful support can be infused into the program as a whole, and participants can be encouraged to be supportive of one another.

Conversation Corners

In some senior centers, space is provided either in an office or by some other arrangement where private conversations can be held. It is important to use these private settings frequently and for a variety of functions. This creates a positive and flexible image, and the older person can seek a private conversation with a trusted helper without blatantly seeking help.

Privacy

It has been mentioned in other sections of this manual that the effective service provider approaches the older person as a friend or helpful listener and avoids the association attached to formal mental health services. Often the program participants know one another well and observe each other's behavior and activities. An individual seeking assistance may be the subject of gossip in some settings, which can aggravate existing needs for help. The importance of monitoring privacy and confidentiality, or of handling these contacts with tact, cannot be overstressed.

Referral

On occasion the service provider may encounter a participant who requires the services of a community agency. The participant may need financial, legal, social, medical, or mental health services. The specific procedure for referral that is appropriate for the level of training and requirements of the setting might be included in the training. Strategies for teaching this content are included in the *Basic Helping Skills* text and companion *Trainer's Manual.* Knowledge of community resources and ability either to make the referral or to contct the appropriate staff member to make a referral are important areas to be considered in training individuals to work in this setting. Learning to acknowledge one's limitations and knowing when to enlist the aid of other resources can be important areas for training and for developing effective helping skills.

Groups

The centers and sites could be used as meeting places for small support groups led by training staff and outside professionals. The facilities are often equipped and structured to provide the nonthreatening atmosphere needed for those who may shy away from some type of counseling service. Groups for family members, or for both participants and families, could also be conducted in these settings. Often in using group work, a structured topic might be developed to focus the work of the group, to provide needed structure, and to help alleviate anxiety about attending sessions. Assistance and support can be provided informally without being described as counseling or helping.

Coordinating and Providing

Staff members must be trained to use the center's flexibility to maximize a variety of helping services including recruiting outside persons to expand and enhance counseling; coordinating helping services with other counseling sources, such as churches, civic groups, and mental health agencies; making essential referrals; and prescribing alternative therapeutic activities.

Service providers in senior centers and nutrition sites can learn effective ways to give information to utilize resources; they can learn how to assist others in self-awareness; and they can learn to facilitate the process of personal growth. Effective helping can be taught as a process not separate from effective living.

SUMMARY

The legislative mandates and conceptual bases of senior center and nutrition programs wee outlined, and their relationship to the Area Agencies on Aging described to provide a context for these programs. Staffing patterns, services, and characteristics of participants of programs were detailed and implications for training program development were drawn. Specific issues and considerations for basic helping skills training for service providers in these settings include informal contacts, need to avoid stigma, knowledge of community resources, and making referrals as needed. Relationships with other community resources and making referrals of coordination were mentioned briefly as essential to the enhancement of the helping functions of service providers in senior centers and nutrition programs.

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UNIT III
SECTION E

ADULT CARE FACILITIES

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He joined the University of Nebraska at Omaha in 1966 after completing his EdD in counseling psychology at the University of Missouri-Columbia. Since 1973, his major professional interest has been the improvement of counseling services for older adults. He was a contributor to the American Personnel and Guidance Association (APGA) publication *Counseling the Aged: A Training Syllabus for Educators,* has been a member of the APGA Special Committee on Adult Development and Aging since 1978, and is the current chairperson of that committee.

Sandra Gaube is presently a Counselor/Social Worker at the McAuley Bergan Center in Omaha. She has worked with Title XX services to the aged, blind, and disabled, and the Senior Companion Program.

Ms. Gaube received her MS in Guidance and Counseling and a Specialization in Gerontology (1980), and her BA in Sociology (1975) from the University of Nebraska at Omaha. Her professional affiliations include the Gerontological Society of America, APGA, and the Nebraska Welfare Association. She has special interests in advocacy and social services to older persons and preretirement counseling.

INTRODUCTION AND OVERVIEW

The establishment and expansion of adult day care is a recent but important development in the total range of community-based services offered to help maintain older adults in their own homes. The type of clients served, the services provided, and the background of those who staff adult day care centers vary widely. As is often the case, in-service training in such programs should be tailored to the needs of staff of a specific program, and the trainer needs to become familiar with the particular program in order best to prepare for the training sessions. Nevertheless, some valid generalizations can be made about adult day care centers and should be useful to those not already familiar with such programs.

PARTICIPANTS

Participants in adult day care centers generally are persons who, for some reason, cannot be left alone for an extended period of time. They include adults of all ages, though most are older persons. They need some type of monitoring or support from others, but their total life situation does not require them to be institutionalized. The major factors involved are the type and extent of physical or psychological disability, the availability of family or other caretaker support during the times when the day care center does not operate, and financial considerations. It is an oversimplification to assume that adult day care centers serve those who are "too bad off" to stay at home by themselves, but "not bad off enough" to need nursing home care. While that is partially true, the physical and mental condition of the participants is only one factor. Some persons with major disabilities can participate in day care because they have strong family support, while others with less disability enter nursing homes because they lack that family support. While adult day care is much less expensive than full-time institutionalization, financial support for institutionalization is easier for many to obtain from government programs than is financial support for day care. Thus, funding arrangements and availability, and the willingness of family or other caretakers to help, contribute to the variety in the level of disability among adult day care participants. The characteristics of people being served overlap with those of nursing home residents.

Participants in adult day care are likely to be persons whose mobility is restricted for physical or psychological reasons and who are physically, socially, and emotionally isolated to varying degrees. They have experienced physical or psychological disabilities, the loss of friends and relatives, and increased dependence on others. Diabetes, Alzheimer's desease, chronic brain syndrome, hearing or vision loss, arthritis, symptoms of alcoholism, and depression are factors frequently leading to participation in adult day care, but almost any kind of disability may be found among participants. Persons who require care 24 hours a day and who are bedfast, incontinent, or unable to feed themselves, however, are not usual participants in adult day care centers.

SERVICES

The services that may be offered in an adult day care setting vary from center to center and include all or a combination of the following: physical, occupational, recreational, and speech therapy; transportation; counseling; socialization; personal and health care; medical and social evaluations; information and referral; exercise; meals; education; and a variety of other medical and social services as needed. Services are provided through both individual and group activities.

Adult day care centers, depending on the types of services offered, are classified generally as either restorative, maintenance, social, or some combination of these. *Restorative programs* are those that offer "intensive health supportive services prescribed in individual care plans for each participant. Where prescribed, therapeutic services are provided on a one-to-one basis by certified specialists with constant health monitoring and provision of a therapeutic activities program." *Maintenance programs* are those "with the capability to carry out a care plan for each participant based on recommendations from the personal physician and developed by the multidisciplinary program team." *Social programs* vary in their definitions. "Some social programs place great stress on health maintenance" while others stress socialization, and still others a combination of the two (Robbins, 1981, p. 22).

It is important to note that these generally used classifications involve subjective judgments and that no universal standards are available. Centers report the classification of services they provide as listed in the *Directory of Adult Day Care Centers* (U.S. Department of Health and Human Services, 1980).

STAFFING

The staff required to deliver the center's services varies, depending on what services the particular center offers. The staff directly involved with participants frequently consists of a nurse, counselor or social worker, recreational therapist, intake worker, aides in the area of health and personal care and food services, transportation attendants, and an on-staff or consulting physician, geriatric psychiatrist, occupational therapist, physical therapist, and speech therapist. The number of staff required depends on the range and extent of services offered and the average number of participants attending the center on a daily basis.

A multidisciplinary team approach is used frequently to evaluate each new participant and develop a specialized care plan to assist the individual maintain or achieve maximum functioning in the community. It is important to note that not all centers use this approach.

TRENDS

Since the beginning of the 1970s there has been rapid growth in adult day care centers. In 1974 there were 15 centers in the United States. That number has since increased to well over 600 in 1980. All but 4 of the states have adult day care centers, 16 states have 4 or less, 28 states list between 5 and 19, and 9 states list over 20 centers. The average number of older persons served daily throughout the United States ranges from 1 to 95 (U.S. Department of Health and Human Services, 1980).

This expansion indicates that adult day care is becoming an increasingly accepted and valuable community-based service for older adults and their caretakers. This service and these centers are expected to continue increasing as our population grows older and younger adults continue to maintain their elderly relatives in the community (Hausman, 1979).

As the need for adult day care increases, so too will the need for more trained personnel. Research regarding the success of programs and their cost-effectiveness will continue to be needed. Legislation to remove barriers to the integrated use of Medicare, Medicaid, Title XX, and Title III social service dollars to support these programs is also needed. The "designation of a primary Federal agency as responsible for policy, research, and development of day care/day health programs" and the "establishment of a national policy which recognizes the vital role of day care/day health programs" has been recommended (National Institute of Adult Day Care, 1981).

SPECIAL CONSIDERATIONS FOR TRAINERS

Trainers working with staff in adult day care settings can tailor their training to meet the needs of both staff and participants. Some suggested areas where this may occur are discussed below, and include positive staff relationships, spontaneous counseling opportunities, working with family members, and service coordination, referral, and advocacy. This is not meant to be an exhaustive list; rather, it is intended as a beginning step to help trainers focus on the unique problems encountered in their own local setting.

Positive Staff Relationships

The staff in adult day care centers is a diverse group with varied types of preparation and differing responsibilities. At the same time, the team approach to day care work is widely valued, and close cooperation among the staff is very important to satisfactory service. Good communication and mutual support among adult day care staff are important prerequisites for effective adult day care work, can be suitable goals for in-service training in this setting, and should be considered primary areas for in-service training by counselors with day care staff. Because many of the recipients of day care service are not highly communicative, and because the work can be demanding emotionally, positive staff relationships are especially important.

Spontaneous Counseling Opportunities

Opportunities for supportive and counseling-type discussions with day care participants vary with the level of cognitive functioning of a particular participant, but every staff member is likely to have many such opportunities with several participants every day. Discussion groups are often a regular part of the day care schedule. Individual contacts and spontaneous conversations are frequent. It is not unusual for participants to express concerns about their health, their family relations, the conduct of other participants or staff, or other issues to any trusted staff member available. Training in how to interact with participants, including those who are older, in both group and individual situations is not likely to have been included in preservice preparation of staff members.

Working With Family Members

At least some staff members of an adult day care center are certain to have contact with family members or others also involved in the care of the program participant. Some adult day care centers actively seek to include the family as part of those they serve. At a minimum, there is likely to be a mutual informal sharing of information about the condition and activities of the participant. This may be extensive, involving systematic planning and teamwork by several staff and members of the family. Some adult day care centers provide formal instructional or discussion groups for family members. As would be expected, the level of interest among families in becoming actively involved in adult day care activities varies, as does cooperation in fulfilling minimal expectations. Coping with family resistance can be a source of frustration to some staff.

While most contact between staff and family members involves sharing and planning, it can also involve decision making. For example, a decision to place the participant in a nursing home may be necessary. In these delicate and difficult situations, some conflicts and misunderstandings are inevitable. Constructive relationships between adult day care staff and the families of the program participants are important to the success of the day care program, the welfare of the participant, and the satisfaction of all those involved. This is an important area for skill building.

Service Coordination, Referral, and Advocacy

Some adult day care staff members are certain to be involved in coordinating or obtaining services of other agencies or programs. Transportation, emergency or perhaps routine medical services, food services, and a variety of other services may be provided through cooperative arrangements. All such arrangements involve interpersonal communications, and this suggests yet another training possibility. In addition, adult day care centers are subject to requests from others, such as university professors and students wanting to do research or get work experience or politicians wanting to visit for whatever reasons. Also, in the course of working with participants and their families or other caretakers, an adult day care worker is likely to learn of situations requiring advocacy. For example, a participant may be denied benefits to which he or she is legally entitled, or may be abused in some way. Coping with such situations and the related interpersonal communications is important for staff members and represents another possible direction of skills training. It should be noted that many of the basic skills that professional counselors could provide staff through in-service training can serve multiple purposes and are applicable to work with day care participants, family members, other staff members, and those outside the care center with whom program staff must interact.

SUMMARY

Adult day care is a comparatively new but rapidly expanding element in the range of services available to older adults and their families. The nature and scope of adult day care center services vary greatly, and the staffing accordingly is unstandardized. Nevertheless, the general role of adult day care clearly has emerged, and the trends in adult care center growth are evident. Adult day care centers meet a need and almost certainly will continue to expand in numbers, broadening and strengthening their service function. Adult day care work involves special challenges. Among the most important and demanding challenges is the need for adult day care staff to communicate consistently with program participants and others in ways helpful to participants and day care center objectives. Virtually no one at this time has been prepared specifically for work in that setting, and the needs and opportunities for in-service training are considerable. The counseling profession possesses knowledge and skills important to the success of adult day care and is an appropriate resource for in-service training.

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For more information on adult day care:
National Institute on Adult Day Care
National Council on the Aging
600 Maryland Avenue, S.W.,
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UNIT III
SECTION F

TAILORING PROGRAMS FOR SPECIFIC SETTINGS LONG-TERM CARE FACILITIES

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Dr. Murphey worked in Florida as a Vocational Rehabilitation Counselor, Supervising Counselor and District Director of Vocational Rehabilitation Programs, and as an Aging and Adult Service Program Coordinator and Program Supervisor. He was an Associate Professor of Gerontology in Colorado and is presently a Consultant in Gerontology located in Fort Myers, Florida.

Hope Cassidy is currently the Director of Hospice Inc. of Weld County, Greeley, Colorado. Prior to this position and for four years she served as Director of Patient Advocacy Team, a private nonprofit corporation that acts on behalf of nursing home patients, including counseling for patients and their families. She is also the immediate past president of the Colorado Hospice Coalition.

Ms. Cassidy received her ME from Texas Tech (1964) and her BA in Music from Wagner College (1959). She is presently co-authoring a book *It's Hard to Visit Nana Anymore,* designed for families to help them cope with and give practical help to older people.

Linda Flaherty received a BS degree in Psychology in 1979 from Emporia State University in Kansas, and a Master's in Guidance and Counseling from the University of Northern Colorado in 1981. She has worked as a counselor with disabled and older persons and as a member of the Patient Advocacy Team in Greeley, Colorado.

INTRODUCTION

Long-term care facility (LTC facility) is a broad term encompassing institutions that provide a wide range of services to elderly and disabled persons. These institutions may include retirement centers, skilled nursing facilities, intermediate care nursing facilities, and some group homes. Many older persons will reside in LTC facilities at some point in their lives. Presently, most LTC facilities follow a medical model that often does not include formal counseling services. In these facilities the need is increased for staff sensitivity to the residents' emotional well-being. On the other hand, in facilities that do provide counseling, residents still need staff reinforcement and support.

Service providers who work in these settings have a variety of counseling functions within their roles as caregivers, and training in basic helping skills can help them become more effective in their work. The focus of training should be on sensitizing all personnel to the emotional and psychosocial as well as the physical needs of the residents. This is an ongoing task. Once staff members see the reality of the residents' situation and are prepared through training to deal with it, they may be better equipped to help the residents cope.

This section describes the types of facilities and services that fall under the heading long-term care, outlines counseling issues that occur in these settings, and discusses the implications these have for communication skills training. The section concludes with an overview of the potential functions of counseling in these settings.

FACILITIES

Long-term care (LTC) facilities provide a continuum of care for persons requiring health and personal care; most of these are older persons. The care provided may include room and board, medical services, recreation programming, rehabilitation, and other services. Only a small percentage of all aged persons are institutionalized at any one time; however, the odds are 1 in 5 that each person over 65 will spend some time in an LTC facility. It is interesting to note that the retirement states, which attract more able and mobile older persons, have lower proportions of elderly residing in long-term care facilities (1.8% in Arizona and 2% in Florida). This is due to residency laws requiring many persons to return to their home states in order to be admitted to an LTC facility. South Dakota has 7.5% of its older persons residing in long-term care facilities and Minnesota 7.2%, indicating that the aged populations in those states are less mobile (Ward, 1979). This situation may also be due, in part, to the lack of informal and family support due to outmigration of the younger population of these states.

Institutions for the aged date back to the Gerontochia established by the Christian church during the 3rd and 4th centuries, but the more typical pattern was to house older people in poorhouses or workhouses, along with persons who were sick, mentally ill, destitute, or criminal. These early programs have contributed to lingering negative attitudes toward institutionalization of older persons and add to the stigma attached to nursing home residence (Ward, 1979).

Today there are more than 25,000 LTC facilities in the United States with more than 2,000,000 elderly residents (Hendricks, 1981). Medicare and Medicaid provide more than 60% of the $7.5 billion income of the nursing home industry, and 75% of all nursing homes are proprietary. Some nursing homes, depending on the level of care they provide, are certified under Medicare and Medicaid. It is in the following facilities that training plans for provision of gerontological counseling services should be developed:

a. Skilled Nursing Facilities (SNF): certified for Medicare or Medicaid.

b. Intermediate Care Facilities (ICF): certified for Medicaid only, provide less extensive services than SNFs.

c. Other lower-level-of-care homes such as Adult Congregate Living Facilities (ACLF), foster homes, and board and care homes, which are licensed in most states and provide minimal services.

SERVICES

Long-term care facilities have both custodial and rehabilitative functions. These include services designed to help each resident achieve the greatest independence possible. They provide for adequate safety, medical care and nutrition, and reduction in level of care for those residents who have the capacity for improvement. The custodial services provided are directed toward persons who are extremely frail, have brain damage due to accident, injury, or illness, or are suffering from irreversible organic brain syndrome. Persons with these or other irreversible conditions, who have no relative or friends capable of or willing to assume the responsibilities for their care, make up most of the total long-term care population in the United States. Training in basic helping skills for service providers in these settings would be geared to persons providing care at a variety of levels and would be designed to help fill the gap left by the inevitable loss of some informal supports on entry into an institution.

STAFFING

Staffing patterns and assignments vary depending on the size of the facility and types of residents. The direct resident care staff may include both full- and part-time nurses and nurses' aides, a counselor or social worker, a physical therapist, occupational therapist, recreational therapist, minister, food service staff aides, drivers, physicians, psychiatrists, speech therapists, and other specialists.

Staff are typically organized into a multidisciplinary team that evaluates residents as part of the development and implementation of comprehensive, individualized plans for resident care. The evaluation and planning functions of the team are ongoing and involve continuous modification as residents change physically and emotionally. While the team approach is widely used, not all LTC facilities currently use this approach to treatment.

COUNSELING NEEDS OF NURSING HOME RESIDENTS

Sorensen (1981) lists a number of potential hazards of the institutional life style:

- lack of privacy
- loss of possessions
- lack of self-determination
- boredom
- loss of roles
- depersonalization

These and other conditions can create some of the problems commonly associated with institutionalization such as loneliness and depression. Residents are facing disability, various other losses, and possible death, and may require several types of support and assistance.

The move to an institution is a life crisis, and like other life crises can create difficulties for older persons. Sorensen (1981) points out a number of strategies that can help the older person cope with the move. Involvement of the older person in the decision to make the move, effective preparation for the move, limiting the disruptiveness, and maintaining involvement of the family can help with the adjustment. Staff members being trained in basic helping skills might be made aware of the importance of these factors in order to help residents with the transition to the nursing home setting and with subsequent adjustment. The basic strategy is to minimize change, maintain as much of the familiar as possible, and provide support and understanding of the many difficulties such a move entails. Respecting the individual's need for privacy, working to help restore lost roles, and increasing expectations for resident self-sufficiency can help with adjustment. It is also essential to establish communication channels with the older person so his or her specific needs can be made known to staff members. Service providers who work most directly with the residents on a day to day basis, such as nurses aides, are in key positions to provide this communication.

Trainers can alert staff to the trauma of admission and help them recognize that initial interaction with the new resident and his or her family will likely affect the success of the resident's adjustment. Service providers who use a low-key, respectful, positive approach are most helpful and reassuring to the residents. For example, it is important to greet residents cheerfully, speak directly to them rather than to persons who are with them, and to take time to orient them to the rules of the facility. New residents may be met outside and escorted in to help reduce some of their anxiety.

Service providers should be aware of interpersonal problems that may arise in the process of adjusting to roommates, especially for a new person brought into a room occupied for some time by another individual. Family members will also have frequent access to providers and will require support and reassurance to help them cope with guilt and other emotions associated with placement of their relative in an LTC facility.

Not all problems confronting a resident are related to institutionalization. Although the resident's focus is on institution related frustrations, the root cause of the irritation may be an ongoing circumstance that can cause him or her to magnify present problems in the new environment. Consequently, it is helpful if staff are aware of the effects personal situations have on the resident's emotional state. It is not necessary for all staff members to know the specific details of the problems of each resident. The following are examples of chronic situations, however, that may be of major concern to a resident and can result in behavior fluctuations:

- infrequent family visits
- serious illness of a family member
- grieving the death of a loved one
- gradual physical decline
- relocation of family and consequent loss of their support
- unresolved conflicts pertaining to interpersonal relationships
- litigation over estate settlement

With staff sensitivity, the resident may be encouraged to develop both a formal and informal support network. The formal network would include persons within the facility who are available to the resident as empathic listeners and professional counselors. It could also include members of the resident's interdisciplinary team (e.g., physician, minister, or social worker).

ISSUES IN PLANNING AND CONDUCTING TRAINING

Developing a supportive atmosphere in the LTC facility is dependent on staff attitudes. To enable staff to understand the need for positive nurturing, experiential training techniques are an effective supplement to a lecture format. One widely accepted technique is the simulation of physical impairments, such as blindfolding or compelling staff to wear dark glasses, use of slings to limit use of limbs, or inserting plugs of cotton to impair hearing. The creativity of the trainer and the resources within the facility determine the variety of experiences that may develop in such an exercise. Through this experience staff may appreciate many new perspectives (e.g., how vital it is for blind people to receive information from sighted persons in order to remain involved in their environment). Descriptions of rooms, specific locations, colors, time of day, weather changes, people present—all help the visually impaired older resident to feel more secure and confident.

In many instances victims of hearing impairments, apraxia, and aphasia are mislabeled confused. Personal care staff must be made aware of physical problems affecting behavior. A variety of creative means of communication can develop when staff understand the frustrations inherent in these disabilities and the behavioral changes that may result (e.g., the aphasic resident who bangs the table for assistance). Sign boards and hand signals are two suggestions for communication alternatives.

Mobility and other physical impairments are readily identified, and special compensations for them are considered in writing care plans. Emotional and psychological impairments, however, can be just as debilitating. Problems evolve when a resident's emotional or psychological impairment may be diagnosed casually or inappropriately. Labels can become self-fulfilling prophecies. When a resident is labeled confused, for example, staff members may treat that resident according to the label. Behavior patterns that contradict the label are easily discounted. The resident gradually accepts the label and fulfills an expected role. Service providers should be allowed to experience the impact of casual labeling as part of the training program. Additional important issues in training are described below.

Needs Assessment

The issue of assessing the need for basic helping and related skills training for those persons working in the long-term care facility is an important first step in planning appropriate training programs. Techniques for assessing the training needs of staff members are described in Section A of Unit III.

Training Level

The variance in levels of education and training among LTC staff requires conducting training in basic helping skills and techniques on a variety of levels. The trainer must recognize these differing levels among staff and carefully design and provide appropriate training in specific communication skills areas.

In practice, the service providers with the least formal education have the most frequent resident contact. For this reason, opportunities for training become all the more important.

In-Service Training Needs

With the high turnover experienced in LTC facility staffing, particularly in the aide level positions, an ongoing in-service training program in basic helping skills should be implemented in each facility. Participation in new staff orientation programs and design and production of special counseling related programs for other staff are areas of need. Periodic special training may be scheduled to upgrade the skills of staff members and to reinforce and build on the skills developed in the initial training. Many persons providing services within the LTC facility may be there on a volunteer basis. Training volunteers and employees to work effectively with volunteers is a consideration for trainers.

Medical care aspects of providing services in LTC settings should be considered by trainers. Encouraging trainees to enhance their effectiveness as communicators can be accomplished within the limits of their existing responsibilities. The enhancement of dignity, personal growth, and education for residents is the philosophy underlying training in basic helping skills. The trainer can have considerable positive impact in the institution through conveying this philosophy to trainees.

Special Resident Groups

Groups of residents may form naturally in nursing homes based on common characteristics such as age, disability, ethnicity, religion, and sex. Further, the skilled care floors in many facilities, which include psychiatric patients as well as severely or multiply handicapped individuals, are frequently avoided by staff and other residents. Training targeted toward meeting the special needs of these persons can help improve services and communication between residents and staff, and also between residents themselves.

Advocacy

Resident advocacy is another area to consider in planning training. Service providers may advocate for persons who are noncommunicative, bedridden, or frail. These persons should be given care and attention at a level comparable to or even greater than that of the more active residents, and the service provider can play a part in ensuring that these residents are not forgotten. There are limits, of course, to what can and should be expected of service providers, and advocacy may not be an appropriate function in some instances.

Specific Training Suggestions

It is important that aides and orderlies are cognizant of the fact that they are the major and often the only source of comfort and emotional support available to the resident. Ideally, aides and orderlies will view patient contacts as opportunities for genuine caring. In order to develop this kind of relationship with residents, training should include some basic guidelines for developing interpersonal relationships. Emphases may include:

- The need for confidentiality. Intimate feelings expressed by the resident should be respected and kept confidential.
- Respect for residents. For example, it is important to call the resident by the name he or she prefers (e.g., Mrs. Brown or Mary). Disparaging staff-originated nicknames are, of course, unacceptable.
- An awareness of levels of confusion. Help service providers understand that persons who demonstrate confusion about cognitive matters may be very in tune with their feelings (e.g., a resident who is fearful about falling may need the comfort and patient reassurance of staff members, even though that patient had, in fact, never fallen).
- Opportunities for residents to review memories. Personal care contacts provide opportunities for caregivers to listen. Stories that are repeated are often the most meaningful to the resident.
- Emphasis on hope. No matter how critical the condition of the resident, there is usually at least one genuinely positive aspect that can be shared with a resident who is concerned about his or her physical problems (e.g., Mr. Brown, your blood pressure has stabilized this morning). This is not to be confused with offering false hope.
- The need to keep residents informed. Prior to beginning any physical care procedure, service providers should explain the procedure to the resident and why it is necessary (e.g., Mrs. Brown, it is time for us to turn you and change the dressing on your back). This is true even for those residents who are withdrawn or comatose. Inability to communicate does not always indicate an inability to comprehend.

Benefits of Training

The measurable cost-benefit ratio of successful training should become apparent in real and human terms. Higher morale can help produce fewer complaints, greater staff productivity, and a better public image for the facility. A greater degree of understanding, knowledge, and caring for those persons residing in these institutions subsequently will be felt within the entire LTC facility and the larger community of which it is a part. The public image of LTC can also be improved. A trainee who publicly presents the facility as a place of warmth, caring, and help for persons whose health and vitality are diminished can assist in overcoming the traditional negative image of these facilities.

FUTURE IMPLICATIONS

Jobs for Mental Health Professionals in Nursing Homes

In 1976 there were 400 "vocational, educational counselors" employed in long-term care facilities representing 5% of the total nursing home work force. In 1985 it is estimated that there will be 600 total positions for counselors or 4% of the total nursing home work force (United States Department of Health, Education and Welfare, 1980). Much of the counseling service provided will of necessity be through clergy, social workers, recreation staff, nurses, custodial staff, and volunteers. LTC social workers during 1976 included 3,100 persons or 38% of the nursing home work force. It appears from these data that social-worker functions have been, are, and will continue to be those counseling related positions most in demand in LTC settings. With the 1990 projection of $76 billion in long-term care, however, all social services in these institutions should experience radical expansion (Van Nostrand, 1981).

Counseling Functions

There are a number of potential counseling related roles in long-term care facilities. Enhancing the quality of residential life is one crucial function. Further, counseling efforts should be directed toward the goals of improvement in level of functioning and return to the community or, for more severely impaired residents, maximum independence and positive personal outlook within the facility.

Coordination

The coordination of functions such as staffing of residents, program activities, disciplinary problems, and conjugal-visiting policy development can be undertaken by a counselor or social worker on behalf of the residents. The administrative responsibility for these functions usually rests with the patient care coordinator or administrator; however, there is a role for a counselor or change agent in developing family contacts, visiting arrangements, interaction with community aging programs, and so forth. All of these activities can be considered counseling related duties.

Consultation

Skills related to consultation in long-term care facilities might also be included in training. Consultation with residents, family members, medical, dental, and nursing staff, housekeeping staff, and virtually all persons in LTC settings can promote growth, and consultation with staff can help create a more positive environment.

Training

Counselors can possess the skills and qualities necessary for planning and implementing basic helping skills in LTC settings. As with consultation, the provision of training can extend the positive and growth-promoting impact of the mental health professional beyond individual contacts into the environment of the facility.

Provide Counseling and Support to Staff

The mental health professional can play a crucial support role for staff members. Work in this setting can be stressful, and availability of counseling services can help staff members avoid burnout and function more effectively.

Service providers employed by the LTC facility frequently work with persons who have chronic problems and few happy endings. At times it is difficult for the service provider to keep a balanced perspective. One purpose of training programs for LTC facility personnel is to help trainees maintain that perspective. Most people who work with frail, institutionalized elderly people are not saints, nor are they calloused. They are usually people who have concern for older people and continue to perform their duties, often under stress. Part of keeping that perspective is accepting the reality that service providers cannot resolve all the problems and life issues facing residents. When residents know they are not alone in their distress, however, problems can seem less overwhelming.

When LTC facility service providers are encouraged to be open and caring, it is an appropriate counseling function of the training program to help them develop a personal support network. This network may include formal and informal components. The formal network may offer an ongoing staff support group within the LTC facility or specifically designated personnel, or consultants who are available on an as-needed basis (e.g., social worker or psychologist). Personnel should be made aware of the possible stress related to their jobs and the symptoms of psychological as well as physical fatigue. When these symptoms are recognized, appropriate intervention is necessary. Prolonged psychological and physical fatigue affects the quality of care and ultimately accounts for much of the high turnover in nursing home personnel.

The informal network is dependent on interpersonal relationships of individual staff members. The informal network supplements the formal support network within the LTC facility. Counselors may assist staff members in identifying components of their own network (e.g., friends within and outside the LTC facility, church groups, exercise programs, and social activities). There also should be designated staff areas that allow opportunities for respite and private conversation.

An additional concern of the support network is the grief experienced by service providers at the death of residents. Whenever possible, an opportunity for expressing grief following the death of a resident within the LTC facility should be made available to service providers. This is especially true when the resident had lived in the facility for a considerable length of time and when many staff members had been involved in the resident's care.

SUMMARY

There are a variety of helping skills that can be taught to LTC facility staff for enhancing the quality of resident life. In fact, the most significant contribution basic helping skills training can make may be to create or improve the living environment for all residents in existing LTC facilities. Counseling training can be used to improve communication among staff members as well as to improve the staff's interaction with residents.

The loss of identity is a prevalent concern among older people in our society. This loss is accelerated on entering an LTC facility. The role of service providers, by virtue of their continual contact with residents, becomes very significant to the residents. While factors contributing to a negative self-concept are impossible to eradicate in the institutional setting, staff support can be a mitigating influence. Counseling-related training programs effectively sensitize staff to the resident's need for support. Through training programs, service providers can improve their basic relational, communication, and helping skills. With these skills a more holistic approach softens the medical model and contributes to the physical health and psychosocial well-being of the residents.

Professionally trained counselors may find their role in this setting to be one of training peer, paraprofessional, volunteer counselors, and all other LTC facility staff, thus extending the range of the trained professional. Further, their role may include the provision of needed support to all levels of care staff.

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UNIT III
SECTION G

TAILORING PROGRAMS FOR SPECIFIC SETTINGS: HOSPICE

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She worked for four years in the field of vocational rehabilitation focusing on evaluation, mental health, and college liaison work. She also taught on an adjunct basis in Nova University's undergraduate Behavioral Sciences Program in Fort Lauderdale, Florida. She is active in various professional organizations. Her professional interests are in counselor training, preventive mental health services for older persons, and the psychosocial rehabilitation of older, chronic mental patients.

INTRODUCTION AND OVERVIEW

Hospice does not refer specifically to a place or facility; rather, it is a concept of care for persons with terminal illnesses. The purpose of hospice care is to improve the quality of patient and family life by alleviating the patient's pain. The care is based on the recognition that dying patients and their families have special physical, emotional, social, and spiritual needs. What the hospice concept of care offers is an environment in which family members can share and be involved in the process of a loved one dying (University of California at Los Angeles, 1978). The national hospice standards given in Appendix A of this unit provide guidelines and requirements for provision of care (International Work Group in Death, Dying and Bereavement, 1979).

Counseling in the hospice setting involves interaction with the dying person, family, and friends during dying, death, bereavement, and survivorship. The challenges presented during these phases of hospice care require a variety of knowlege and skills that should be included in the curricula of continuing education programs in gerontological counseling and basic helping skills. Some of the issues facing the counselor, service provider, or other helper who works with older persons in the hospice setting are discussed in this section.

In contrast to other settings where service providers interact with older people, the role of counselors in hospice settings is fairly well defined; the need for counseling is almost universally recognized, accepted, and supported, and virtually all hospices have trained professional staff available. The importance of having all staff in these settings trained in basic helping skills cannot be underestimated. Service providers at all levels can develop effective communication skills and be even more helpful to dying persons and their families. Because the counseling function is so critical, the focus of this section is on explaining the counselor's role and duties in the hospice setting and exploring some of the issues and concerns faced by counselors. The role of helpers and service providers, trained in basic communication skills, will vary with the amount of training they receive and the type and extent of their interaction with dying persons and their families and friends. The astute trainer is encouraged to make note of the key issues involved for counselors, which are issues for all helpers in hospice settings, and to tailor training for helpers to address each of these issues to the extent needed in the performance of their jobs.

THE HOSPICE SETTING

The International Work Group on Death, Dying, and Bereavement (1979) has formulated a set of general assumptions and principles to be used as guildelines in programs for the terminally ill. These guidelines can help the trainer understand the unique demands of work in the hospice setting. Hospice settings may include hospitals, community hospice organizations, nursing home hospice units, mental-health-center hospice functions, religious organizations, veterans' hospitals, and a variety of other settings in addition to home care, in which the home is defined as a hospice.

Several of the assumptions outlined by the International Work Group are relevant to counseling. First, the care of dying persons involves the needs not only of the patient, but of the family and caregivers as well. The problems facing the family and the terminally ill person involve psychological, legal, spiritual, economic, social, and interpersonal factors, and care requires collaboration of many disciplines working as an integrated team. In addition, dying tends to produce a feeling of isolation that needs to be counteracted through social events and shared work whenever possible. The Work Group further describes the importance of profound involvement without loss of objectivity on the part of caregivers so that the dying person and his or her family can experience the personal concern of those caregivers (International Work Group, 1979). The potential risks to the caregiver in this kind of setting are acknowledged, and this is an important area to be addressed in basic helping skills training programs. The implications of these assumptions for training programs will be discussed in the sections that follow.

Staffing

Hospice staff usually consist of one or more of the following: program director, counselor(s), social worker(s), and clerical support staff. Physicians, ministers, and numerous consultant specialists may be called upon to work in areas of specific client needs. As mentioned in the preceding section, it is important that the care team work together in this setting. Good communication and mutual support among team members are essential to the effective delivery of services.

Basic Knowledge for Helpers in the Hospice Setting

An adequate knowledge base is critical to establishing a meaningful helping role and positive relationship for all members of the care team in order to coordinate care of the patient. Elements that should be part of this knowledge base include:

- The dying person's medical and social history from records, professional persons, family, and friends.
- A thorough understanding of the potential medical treatment modalities which may be employed, statistical parameters for survival in similar cases, prognosis, medication regimen, expected symptoms and their behavioral meanings, and physician suggestions for appropriate care as the person loses life.
- Specific information about hospice services, costs if any, and other housekeeping details.
- Comprehensive knowledge of hospice requirements and ability to ensure that criteria have been met before the referral is accepted. These prerequisites may include:

  a. Hospice care is requested by the dying person or the family.

  b. The dying person is referred by a physician.

  c. The hospice medical director has a scheduled consultation with the private physician and determines the medical appropriateness of the referral (e.g., no more than 6 months to live).

  d. If accepted, the dying person and his or her family will have nurses, volunteers, and possibly a counselor assigned to work with them, either in their own home or other hospice setting.

- Legal and economic issues regarding death are considered.
- The schedule of time investment with the dying person and his or her family is considered. This may vary considerably; however, it is usually three or more hours per week initially. The time involvement usually increases until death.
- Unfinished business issues and needs of the dying persons are explored.

Not all team members would be responsible for all of this information. It is important to have and to share basic knowledge of many components of service so that questions can be answered and care coordinated. Each caregiver may be visiting the dying persons alone, and it would be helpful if he or she were familiar with the tasks performed by other personnel and with the hospice services.

TRAINING CONSIDERATIONS

Role of the Counselor

While specific preparation for work in the hospice setting is necessary, and mastering the technical details of hospice care is important to being of maximum assistance to the dying person and his or her family, the issue of counselor role may transcend these formal considerations. The counselor should go into the home as a friend. No formal presentation of information should be made, but questions should be answered if asked. The counselor's role as a helper and facilitator in meeting the needs of both the dying person and his or her family, and as a listening and accepting person who puts aside personal values and judgements, is appropriate in the hospice environment.

While most counseling theory has relevance in hospice settings, the non-directive approach can be particularly useful with dying persons. The counselor may trust "gut level" responses and may do that which "feels right." The counselor should be aware of his or her internalized feelings and be able to contact freely other members of the hospice team (physicians, nurses, family, friends, volunteers, and other counselors) in order to work out personal conflict and grief.

Level of Involvement: A Personal and Professional Decision

Hospice personnel may be faced with decisions regarding the issue of personal involvement that are more intense than those required in other settings. The resolution of how involved the helper should become needs to be determined individually. Staff members may provide a variety of personal services for the dying person as a part of their supportive role. The staff members may sometimes assist with the tasks of daily living, such as running errands, serving food, and performing other activities. Many times the role may become that of relieving the primary caregiver or simply being a friend who listens and cares.

The counselor may be faced with a lack of time, personal energy, or resilience for the demands of work in this setting. The helpers must be available when needed by the dying person and his or her family. The use of staff counselor positions for training and counseling volunteers, peer, and paraprofessional counselors can help alleviate the strain of constant contact. The counselor may work most with volunteer staff in dealing with problems experienced by the dying person and his or her family. In cases including severe emotional reactions, the counselor may function in a direct service or referral role. The counselor working with dying persons, their families, and hospice staff may have little opportunity for personal relief of grief, stress, and anxiety developed on the job. It is essential to develop adequate supports and outlets for one's feelings in this work, which does require a personal involvement on the part of the caregivers.

Stress and Stress Management

Stress management is a major issue for hospice staffs. The stress of death of clients' families and the added personal stress for the staff and their families and friends are two areas of concern. Burnout is a likely outcome unless stress is continuously dealt with and resolved. An adequate support system is essential in order to deal with the stress. This can be accomplished through participation in a support-team meeting of all staff involved with a particular patient. Further, job security in the typically new, underfunded, shoe-string hospice programs adds a further stress to all hospice staff positions. The counselor, more than any other member of the hospice team, may be called upon to assist with reducing stress. For these reasons stress management should be an important element in the continuing education curriculum offered by the hospice counselor to other staff members.

Consultation

The helper's role includes a need for specialized skills in consultation and training of volunteers, staff, and community agency personnel. Issues related to the role of the counselor as a consultant with hospital, medical, religious, and volunteer groups should be part of continuing education programs planned for hospice counselors.

Evaluation

The counselor will of necessity be involved in a continuous re-evaluation process in response to the changing needs of dying persons and their families as death approaches. The hospice casework evaluation process usually occurs during formal team staffing sessions. The requirements for case recording and presentation of information by the counselor are uniform in most hospice settings. The issue of referral will usually be discussed in the hospice team. Based on the reporting of changes or new developments in each situation, appropriate referral for therapy will be recommended.

Coordination

The coordinative role in cutting red tape for the dying person and his or her family and friends is an issue of concern for the hospice counselor. Assistance with coordinating funeral, religious, and other types of arrangements can help remove some of the burden from family and friends, and are legitimate hospice functions.

COUNSELING ISSUES IN THE HOSPICE SETTING

Work in the hospice setting makes unique demands on the counselor and other helpers. The various roles and job functions described in the previous section comprise one set of considerations for trainers in planning training programs, or sessions for persons working in this setting. Knowledge of specific types of counseling issues likely to be encountered in working with persons who are dying and their families are also important.

Counseling Needs of the Dying Person: Assessment and Initial Interview

The counseling needs of the dying older person should be determined before and during the initial interview. A formal needs assessment need not be conducted; however, questions can be asked that will help clarify the individual's specific needs. An informal needs assessment should be conducted during this time. It is important that the individual's needs be re-assessed on an ongoing basis. The counselor can accomplish this by asking questions that will help clarify what specific needs the client has.

Among the most critical issues facing the hosice counselor is selecting the most appropriate contact time and place for the initial interview. Further, the question of how best to open the dialogue with the dying person, and his or her family and friends, must be answered. Usually, the dying person has been referred by a physician and is aware of the "6 months to live" guideline concerning hospice referral. In some instances, however, the physician may not have advised the dying person, and his or her family and friends, of the nature of hospice or its beginning and termination requirements. It is important that the counselor know whether the hospice concept has been defined for them.

A group made up of the dying person, the family, and friends can provide the needed support base for the dying person during what may be the first absolute confrontation with impending death any of the group members has experienced. Open discussion with all members of the group, information giving, acceptance of all members' concern for the dying person, and planning for the days ahead may be included in this initial contact. Much information may be requested, so the hospice staff member should conduct a thorough review of available information and talk with physicians, nurses, and possibly some family members or friends prior to the first meeting with the dying person or the group. This meeting should serve as a gentle and gradual entrance into hospice for the dying person, family, and friends, and its proceedings should remain confidential.

Issues in End Stage Counseling

While recognizing the uniqueness of individuals, the counselor or helper also may find that certain issues are common among persons who are dying. It is beyond the scope of this manual to detail the many possible issues, and the reader is referred to the Related Resources at the end of this section for more information. General issues which may occur in hospice care are outlined below.

The hospice counselor should keep the primary concerns of the dying person foremost in planning assistance during dying and death. Maintaining maximum quality of life until the end, stablizing feelings of self-worth, and facilitating positive sexuality are issues frequently encountered. In addition, respect of ethnic and cultural differences, maintaining personal appearance, ameliorating the effects of cumulative and terminal losses, maintenance of dignity and encouraging personal growth at or near the end of life are all issues of significance when designing training for hospice staff.

Dealing with personal and professional reactions to dying and death are issues facing providers of hospice care. The dying person, family, and friends may, during dying, death, bereavement, and survivorship, evidence some or all of the stages of dying hypothesized by Kübler-Ross (1969): denial and isolation, anger, bargaining, depression, and finally acceptance.

These stages are possible developmental states of which the helper should be aware as he or she interacts with the dying person. Appropriate support during these stages is the essence of the counseling task in the hospice setting.

The process of life review may be a part of the counseling process, and the counselor should learn to assist the dying person in accepting the decrements and accomplishments of his or her life. In addition, the counselor may assist the dying person, family, and friends in the final acceptance of death.

Counseling Needs of Families

The helper in the hospice setting will also be working with the families of the dying person. The reader is again referred to the Related Resources section of this unit for detailed accounts of treatment approaches and issues to be encountered. A brief overview of possible counseling issues found in working with families is included to help the trainer effectively tailor training to meet the needs of persons who work in this setting.

Basic knowledge of family counseling is useful for helping families of dying persons. How and when to meet with families will be determined by the specific demands of each individual. Generally, the level of involvement expected is higher than in other settings and counseling, or helping, is likely to be provided on an informal basis as issues arise and family members evidence a need for support and assistance.

Specific issues for family members will vary. Grief, guilt, and conflict, as well as mixed emotions about facing the loss of the family member, may be found in most families. Families will be facing their own mortality, and issues of confronting death will be present, though family members may not be able directly to articulate their feelings. The counselor or helper who is sensitive and consistently provides supportive attentiveness makes help available when a family member is ready to talk and needs a good listener.

Recognition of Grief

Normal grief is usually easy to recognize and is remarkably uniform for those in acute grief. The counselor should recognize the possible signs of grief. Among symptoms of normal grieving may be complaints about exhaustion, lack of strength, and reports of sleep or digestive difficulties.

The counselor should recognize symptoms that may indicate morbid grief reactions among family and friends (i.e., denial of grief or absence of mourning, no sense of gross loss, absence of affect, etc.). Further, the counselor should be able to take the proper referral action or to assist the persons so affected. Encouraging these persons to find new patterns of rewarding interaction is one possible approach in this phase of hospice counseling.

In cases of more violent grief reaction or no recognition of grief among survivors, the counselor should be prepared to make decisions and referrrals for appropriate therapy. Religious counseling, as well as medical and psychiatric assistance, may be necessary in instances of pathological reactions to death among survivors. Assessment of pathology, of course, should be made only by a trained professional. In addition, bereavement groups are sometimes beneficial for grieving survivors.

Follow-up

Following death the counselor may support survivors during their grief and bereavement reactions. Most hospice programs include a follow-up period of up to 12 months after death for family and friends. This follow-up period usually involves a gradual tapering of counselor involvement. In the initial post death phase, much counselor time and energy involvement may be required.

GERONTOLOGICAL COUNSELING TRAINING IN HOSPICE — FUTURE CONSIDERATIONS

As the hospice movement continues to expand, the need for staff trained in counseling skills will increase. The challenge to develop and provide training opportunities in helping skills will be met as educators and administrators address the real issues confronting those who work as counselors and helpers of dying persons. The design of programs and services for gerontological counseling in hospice settings will be determined by those persons who are trained comprehensively in the actual needs of dying individuals and who are concerned with aged persons during this final stage of growth.

SUMMARY

This unit has outlined some of the general considerations and issues that are important in teaching counseling and basic helping skills to persons who provide hospice care. The various roles to be assumed by professional counselors and other helpers include: training and supervising volunteers and paraprofessionals; facilitating supportiveness of staff members for one another; providing assistance with stress management for staff; consulting with care teams; and coordinating various services for families. Counselors or social workers are also involved in direct care, and hospice care requires a deeper and more personal involvement on the part of the caregiver who comes to the home of the dying person as a supportive friend.

Issues of confronting death are faced by the dying person, the family, and staff members in this setting, and are important in the training process. Other training issues include level of involvement of care providers, bereavement, and timely referrals. The unit closes with a statement about future needs for counselors trained in hospice care. Counseling functions, so vital to the needs of all individuals in hospice settings, may be provided effectively by service providers trained as helpers. These individuals cannot supplant the counselor's role in working with dying persons and their families and friends, but can be an effective supplement and provide greatly needed support for individuals receiving care in the hospice environment.

APPENDIX A

National Hospice Organization
Standards for a Hospice Program of Care, November 1980

Standard

1. Appropriate therapy is the goal of hospice care.
2. Palliative care is the most appropriate form of care when cure is no longer possible.
3. The goal of palliative care is the prevention of distress from chronic signs and symptoms.
4. Admission to a hospice program of care is dependent on patient and family needs and their expressed request for care.
5. Hospice care consists of a blending of professional and nonprofessional services.
6. Hospice care considers all aspects of the lives of patients and their families as valid areas of therapeutic concern.
7. Hospice care is respectful of all patient and family belief systems and will employ resources to meet the personal, philosophic, moral, and religious needs of patients and their families.
8. Hospice care provides continuity of care.
9. A hospice care program considers the patient and the family together as the unit of care.
10. The patient's family is considered to be a central part of the hospice care team.
11. Hospice care programs seek to identify, coordinate, and supervise persons who can give care to patients who do not have a family member available to take on the responsibility of giving care.
12. Hospice care for the family continues into the bereavement period.
13. Hospice care is available 24 hours a day, 7 days a week.
14. Hospice care is provided by an interdisciplinary team.
15. Hospice programs will have structured and informal means of providing support to staff.
16. Hospice programs will be in compliance with the Standards of the National Hospice Organization and the applicable laws and regulations governing the organization and delivery of care to patients and families.
17. The services of the hospice program are coordinated under a central administration.
18. The optimal control of distressful symptoms is an essential part of a hospice care program requiring medical, nursing, and other services of the interdisciplinary team.
19. The hospice care team will have:
    a. A medical director on staff.
    b. Physicians on staff.

c. A working relationship with the patient's physician.

20. Based on patients' needs and preferences as determining factors in the setting and location of care, a hospice program provides in-patient care and care in the home setting.

21. Education, training, and evaluation of hospice services is an ongoing activity of a hospice care program.

22. Accurate and current records are kept on all patients.

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UNIT IV

MODELS, EXAMPLES, AND SUCCESSFUL PROGRAM STRATEGIES

UNIT IV

MODELS, EXAMPLES, AND SUCCESSFUL PROGRAM STRATEGIES

Linda L. Blankenship
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Linda L. Blankenship received a BS in Therapeutic Recreation from the University of Maryland, College Park, in 1976, where she is currently studying for an MS in the Department of Counseling and Personnel Services. She has worked as a paraprofessional counselor in a community outreach program of the YMCA, and as a counselor for OASIS, a member agency of the Maryland Association of Youth Service Bureaus.

Ms. Blankenship is currently an academic advisor for students in preprofessional programs at the University of Maryland, Baltimore County. Her professional interests include counseling young adults and issues in counseling women.

Pamela Finnerty-Fried was Aging Project Coordinator with the National Project on Counseling Older Peole in 1981. Currently she is an Instructor in the Rehabilitation Counselor Education Program at The George Washington University in Washington, D.C. She completed a Certificate in Gerontology in 1981 and will complete her PhD in Counseling and Human Services at Florida State University in 1982. She received a BA in English in 1971 and an MEd and an EdS in Counseling in 1974 from the University of Florida.

She worked for four years in the field of vocational rehabilitation focusing on evaluation, mental health, and college liaison work. She also taught on an adjunct basis in Nova University's undergraduate Behavioral Sciences Program in Fort Lauderdale, Florida. She is active in various professional organizations. Her professional interests are in counselor training, preventive mental health services for older persons, and the psychosocial rehabilitation of older, chronic mental patients.

Carolyn Graves, formerly a Program Associate with the APGA/AoA National Project on Counseling Older People, is currently an Education and Training Specialist with Temple University's Institute on Aging in Philadelphia. Previously, she served as the Executive Secretary of the Association for Gerontology in Higher Education and as Assistant on a NIMH grant to the Gerontological Society to prepare background reports for the Secretary's Committee on the Mental Health and Mental Illness of the Elderly.

Ms. Graves received her MA in Human Development and Certificate of Concentration in Gerontology from the University of Maryland (1979), and her BS in Sociology from Virginia Polytechnic Institute and State University (1976). She is an active member of several aging related professional associations, and her interests are in the areas of education and training, and mental health of older persons.

SECTION A—INTRODUCTION AND USER'S GUIDE TO UNIT IV

Overview

The first three units of this manual presented a variety of information pertinent to the planning of continuing education programs in gerontological counseling. This unit describes programs that can serve as models for development of similar programs throughout the country. Section B describes 14 programs judged to be exemplary. Section C describes other programs having noteworthy features of interest to program planners.

Exemplary Programs

It is important to clarify what is meant by Exemplary Programs and the process by which they were selected. The description of the National Project in Unit V, Section C, provides information on the regional workshops conducted by the project, the development of training programs, and other project activities. Only those teams that participated in the 1980 regional planning workshops were eligible to apply for designation of their program as exemplary. Teams from the workshops had reached various stages in the program development process by January 23, 1981, the deadline set for application for exemplary status. Because of the differences in both time and resources for each team, three different phases were established and teams had options of applying to be considered as a *Planning* phase, *Implementation* phase, or *Continuation* phase program. The criteria for each are listed below.

Planning phase:

- Are in the process of planning and refining their training program;
- Have not conducted training sessions as of January 23, 1981;
- Have plans that clearly show intent to provide an ongoing training program in gerontological counseling for service providers, volunteers, or peers who work with older people.

Implementation phase:

- Have completed the planning process for the initial components of a training program;
- Have conducted part or all of an initial training program;
- Have plans that clearly demonstrate intent to provide an ongoing training program in gerontological counseling for service providers, volunteers, or peers who work with older persons.

Continuation phase:

- Have completed an initial training program;
- Have made the training program available to service providers, volunteers, or peers who did not participate in the initial program by having conducted all or part of the training again, or developing and conducting advanced training for the initial trainees;
- Have plans that clearly demonstrate intent to continue to make available ongoing training programs in gerontological counseling for service providers, volunteers, or peers who work with older persons.

Program summaries were submitted to project headquarters, and two independent reviewers from the project's advisory board reviewed each program. Using a criterion-based rating scale, the reviewers assigned point values for each of the major areas of program planning. Listed below, these correspond closely with the sections of Unit II, "Planning, Developing, and Implementing Training Programs." Point values were assigned each component of the program summary, and 99 of 120 possible points was selected as the criterion score for designation as exemplary.

1. Abstract (3 points)
2. Background Information (3 points)

3. Program Specifics (102 points)
    - Goals and objectives (12 points)
    - The team approach (12 points)
    - Responsiveness to local needs (12 points)
    - Program content and structure (12 points)
    - Budgetary solutions (12 points)
    - Publicity and recruitment (12 points)
    - Program evaluation (12 points)
    - Institutionalization (12 points)
    - Additional features (6 points)
4. Why training program should be selected as exemplary (12 points)

Each of the programs described in Section A of this unit received at least 99 points and all are in some ways outstanding. Space does not permit extensive descriptions of all of the programs, so 10 of them were selected for extensive coverage and the remaining 4 are described more briefly. The distribution of coverage was accomplished so that a representative sample of the phases would be included.

Additional Programs With Special Features

The third section of this unit describes several programs that exemplify one or more particularly innovative approaches to the program planning process. These include programs that did not participate in the selection process for exemplary programs yet have unique features that have led to success in their efforts. These programs were selected by the project staff, based on ongoing contact and knowledge of their progress.

User's Guide to Unit IV

The extensive exemplary program descriptions in Unit IV are written to correspond directly with the sections in Unit II. The reader may thus read each program summary in its entirety or cross reference the topics with Unit II or across one or more Exemplary Programs. In reading these descriptions, please note that the phases were designated to correspond with the team's progress as of January 23, 1981, when the Exemplary Program Summaries were submitted. The descriptions are current as of June, 1981, when this manual went to press. We recognize that the "phase" may have changed for a given program; for example, a team originally designated as "planning" may have gone on to implement the program and may now actually be in a continuation phase. This is true also of the programs described in Section C. It is our sincere hope that this is the case, and that all of the programs facilitated by the National Project are now in the process of full institutionalization.

SECTION B—EXEMPLARY PROGRAM DESCRIPTIONS

Region II

State: New York

Program Title: Special Project: Peer Counselor Training for Older Adults

Phase: Planning

Team Members:

Mary G. Ligon
Hofstra University

Mary Catherine Hudson
C.W. Post Center of Long Island University

Beatrice Link
Advocacy Committee for Senior Citizens of Long Beach

Robert Link
Advocacy Committee for Senior Citizens of Long Beach

Elaine Rosen
C.W. Post Center of Long Island University

Sylvia Zinn
Department of Senior Citizen Affairs

Sheila Gaeckler
Doubleday-Babcock Senior Citizen Center

Peter McNulty
New York State American Association of Retired Persons

Jane Toumanoff
Hofstra University

Abstract

Through the cooperation of counselor educators, continuing education program directors, area agency on aging personnel, and representatives of advocacy groups for older persons, a program was developed to train representatives from senior citizen centers as peer counselors. Seven weekly training sessions were conducted, focusing on basic helping skills and understanding the use of referral sources. The trainees' supervisors were involved in pre- and posttraining orientations and discussions so that supervision of peer counselors would be the responsibility of senior center directors and supervisors.

Goals and Objectives

The long term goal set forth by this team is to provide peer counseling services in local senior citizen centers. The objective established to meet this goal is to train representatives from the various centers and clubs to return to their respective centers and provide peer counseling.

Team Approach

The team approach has been central in all aspects of this program's development. An advisory board was formed and has met regularly with the team in planning and implementing a needs assessment, as well as developing the content and evaluative components of the training program.

Response to Local Needs

Needs of the target population and service providers were determined through the use of a survey, consultations with center directors, and input from other local agencies. In addition, location and scheduling for the program was set up for the convenience of participants.

Program Content and Structure

The content of the program covers topics such as "typical" issues of aging, coping skills of older adults, how to make referrals, and basic counseling skills. Six three-hour training sessions were scheduled and one follow-up session was held for evaluation and reporting of experiences. The program is team-taught using short lectures, demonstrations, films, role plays, and group discussions.

Funding

The program was funded through an allocation from the Nassau County Department of Senior Citizen Affairs; however, in-kind contributions have been essential to the program. Facilities, equipment, curriculum materials, and publicity have been donated by local universities and agencies. Team members have contributed meeting time for planning and development of the programs. Subsequent to the conduct of the training program, two team members/trainers received a small grant from the Long Island Personnel and Guidance Association of Nassau County to conduct follow-up. This grant permitted interviews and assessments with the trained peer counselors and site visits to the centers to evaluate both the effectiveness of the training and the need for future training.

Publicity and Recruitment

Letters were sent to center directors and other agency administrators notifying them of the specifics of the training program. Local newspapers and newsletters of the Department of Senior Citizen Affairs and the C.W. Post Center were also used for publicity. Center directors were requested to recruit participants for the program based on criteria developed by the team.

Evaluation

Participants completed an evaluation at the close of each session and this information was used to modify subsequent sessions. The team, working with center directors, met to determine the overall relevance and effectiveness of the training program. Follow-up evaluations were sent to center directors and site visits were planned through a small grant from the Long Island P.G.A. of Nassau County. Results from this survey will be used in revising future training efforts.

Institutionalization

Additional funding will be sought from the Nassau County Department of Senior Citizen Affairs. With approximately 200 senior citizen clubs and centers in the area, little difficulty in recruiting trainees is expected. Publicity efforts will be expanded to include churches and temples. Center directors will be responsible for ongoing supervision of peer counselors.

Additional Features

Each participant receives a certificate on completion of the program. Continuing Education Units (CEUs) may be awarded for future programs. Plans for expansion of the program to other senior centers, nursing homes, and senior residences are under consideration. Additional persons to be trained as trainers of peer counselors may be recruited from local retired school counselors.

Region III

State: Pennsylvania

Program Title: Gerontological Counseling Workshop

Phase: Implementation

Team Members: Ann Moffatt
Gannon University

John Calderone
General Electric Company

Wanda Breeden
GECAC Erie Area Agency on Aging

Abstract

The Gerontological Counseling Workshop was designed to increase the working knowledge and skills of paraprofessionals and volunteers who come in contact with older persons through the human services network. Participants in the four-day workshop learned and practiced basic communication skills and received information on the aging process and referrals. Learning activities included role plays, case studies, lectures, and sensory deprivation simulations. Follow-up sessions were held to provide participants the means to disseminate workshop information to other paraprofessionals and volunteers within their agencies.

Goals and Objectives

The short term objective of this workshop is to educate paraprofessionals and volunteers within the aging, drug and alcohol, and mental health, mental retardation networks in aspects of the aging process and to give them the necessary skills to work more effectively with older clients. A long-term goal involves assisting participants in using and implementing these skills in their agencies. The ultimate goal is replication of the program on a state-wide basis through publication in the *Guide to Education and Training Programs for the Aging Network in Pennsylvania.* This goal has been achieved.

Team Approach

The team designed a workshop that uses the expertise of each of its members Representatives from local agencies and the state's Department of Aging were consulted throughout the planning and implementation phases of the project. Input from all parties was obtained in the evaluation of the workshop's effectiveness.

Response to Local Needs

The workshop was developed in response to information obtained from a needs assessment sponsored by the Pennsylvania Department of Aging and the Erie Area Agency on Aging. During the workshop sessions were modified to address the needs of the participants, most of whom were senior citizens. Learning activities were varied to maintain a high level of involvement on their part.

Program Content and Structure

The four-day workshop involved six-hour daily sessions for an initial 24 hours of training. Two follow-up sessions, each three hours in length, were scheduled to provide participants with information for implementing in their respective agencies the knowledge and skills gained through the workshop as well as an evaluation of its effectiveness. A variety of learning aids were used including: audiovisual aids, role plays, handouts, case studies, and sensory deprivation simulations.

Funding

Participants were charged a $20.00 workshop fee. This was paid by the sponsoring agency, the participant, or Title XX funds. In-kind contributions provided by Gannon University included facilities, equipment, and refreshments.

Publicity and Recruitment

Publicity and recruitment were accomplished through letters to agency directors who selected the participants. Due to limited enrollment, nursing homes were not notified of the workshop; however, a similar workshop designed to address their special needs is planned for the future.

Evaluation

Several forms of evaluation were used including pre- and posttests, rating scales, and feedback from agency directors concerning changes in the participants' effectiveness in dealing with older persons. Future programs will be revised in accordance with the evaluation results.

Institutionalization

Locally, the program can be self-contained; however, funding is possible through Title XX training allocations coordinated through Training Management Systems, the contracted training coordination organization of the Pennsylvania Department of Aging. Statewide publicity will be achieved through this organization by publication in the training guide and by training announcements. Advertisement will continue on a local level through direct mailings to social service agencies and other organizations. Plans are under consideration to incorporate this course as part of Gannon University's Erie Metropolitan College offerings on an ongoing basis.

Additional Features

Upon completion of training, participants received three CEUs from Erie Metropolitan College and a certificate of completion. In addition, the program is adaptable to other target populations such as school districts and nursing homes.

State: Virginia

Program Title: Aging in the Eighties

Phase: Implementation

Team Members: June Poe
League of Older Americans, Inc.

Jane Hurt
Family Service of Roanoke Valley

Cheryl Abernathy
Piedmont Virginia Community College

Abstract

Several studies of counseling services offered to older people in Southwest Virginia demonstrated a need to upgrade these services. Representatives from the League of Older Americans, Inc. (the local AAA), Virginia Office on Aging, and the Virginia Western Community College, as well as family members and volunteers, designed a program to meet this need. The first training component is a large group seminar providing information on various aspects of aging. The second half of the programs consists of nine 1½-hour small group sessions designed to increase and enhance basic communication skills in working with older people.

Goals and Objectives

The primary goal of the project is improvement in the quality of helping services offered to older people in southwestern Virginia. Objectives designed to meet this goal are: to provide information on developmental tasks and facts of aging, and to create skill-building activities in the areas of listening, feedback, nonverbal interactions, dynamics of interpersonal relationships, and referral information. The long-term goal of the project is to establish a model for training service providers, family members, and volunteers in counseling older persons.

Team Approach

Team members worked with an advisory committee comprised of interested individuals and representatives from local and state agencies, churches and other volunteer groups in planning, coordinating, implementing, and evaluating the program. Older persons are also included on the advisory committee. Team members worked with leaders of the small groups in all phases of program development. Team members assumed individual responsibilities that used their talents and expertise, and successfully applied the team approach in every phase of the program.

Response to Local Needs

The advisory committee identified the needs of the population and the groups to which the training would be targeted: volunteers, family members, and persons employed by local and state agencies such as Family Service of Roanoke Valley, Mental Health Services of Roanoke Valley, Virginia Western Community College, and the League of Older Americans. During the second phase of the training program, additional needs emerged and were addressed in the small group sessions.

Program Content and Structure

The program is split into two separate training segments. The first phase involves a seven-hour seminar designed for a large group. The major content of this program deals with understanding aging. The specific presentations cover topics such as emotional and psychological aspects of aging, families of older persons, physical and sensory changes, leisure, and sexuality. The second half of the training program involves small group sessions designed to provide skill building activities in the areas of listening, feedback, nonverbal interactions, dynamics of interpersonal relationships, and referral information. Nine sessions, each 1½ hours in length, are scheduled over a period of four months.

Funding

The team, in cooperation with the advisory committee, established the budget for the project. Participants paid a small fee ($2.00) for their CEUs and the remainder of the costs were assumed by the League of Older Americans, Family Services of Roanoke Valley, and Mental Health Service of Roanoke Valley. Other cooperating agencies donated leaders, facilities, time, and equipment to the project.

Publicity and Recruitment

Brochures are sent to persons on a mailing list including 1500 service providers. Mass media is used to publicize the program. Radio and television spots are developed to attract the general public and articles appear in local newspapers. All are accomplished free of charge as part of the media's public service announcements. Cooperating agencies also are asked to include notices in their newsletters.

Evaluation

The advisory committee, 14 small group leaders, Virginia Polytechnic Institute and State University, and team members are involved in the evaluation process. Each participant completes an evaluation form which provides an assessment of the instructors, program content, and perceived outcome. All who enrolled but did not complete the small sessions mail in an evaluation form to report factors contributing to their noncompletion. Many of the participants and advisory committee members work together at the local agencies, and this contact provides an ongoing source of feedback concerning the effectiveness of the training program. The evaluations are used to revise future programs and to develop new ones.

Institutionalization

The local community college continues to offer specialized programs for older adults. Continuation and expansion of this project is dependent on the needs of the community. Cooperating agencies continue to offer services and programs in response to this project. Future training programs are slated for promotion through the mass media. The success of the program generated interest from several area aging councils, as well as Virginia Western Community College and Virginia Polytechnic Institute and Virginia State University. A coalition called The Blue Ridge Task Force on Aging has formed and is comprised of representatives of seven area colleges and universities, the team, and other leaders in aging. The goal of this group is to coordinate efforts in education and research in aging, to help identify gaps in training, and to support those who search for ways to close the gaps.

Additional Features

Each participant receives a CEU and a Certificate of Completion from the Office of Continuing Education at Virginia Western Community College. Another special feature of the program is the inclusion of older persons on the advisory committee, where they are given the opportunity to assist in the development and planning of a program geared to their needs.

Region IV

State: Florida (Team 2)

Program Title: Volunteer Counseling Training Project

Phase: Implementation

Team Members: Harold C. Riker
University of Florida

Virgie Cone
Area Agency on Aging, District III

Richard P. Johnson
St. John's Mercy Medical Center, St. Louis

Muriel H. Lee
Area Agency on Aging, District III

June Dugger
Florida Aging and Adult Services Program Office

Abstract

The Program for Retirement Counseling (PRC), a section of the Counselor Education Department, University of Florida, was funded by a $55,000 grant of Title III-B monies from the Florida District III Area Agency on Aging. This peer-counselor training program requires 30 hours of participation and encompasses information and practice in basic communication and helping skills geared to the needs of older people. In addition, the PRC produced three videotapes on counseling older persons and 10 written modules, and conducted two workshops at the Florida Council on Aging's Annual Conference. To date, the PRC has conducted 12 Peer Counseling Training workshops in North Central Florida.

Goals and Objectives

The goals and objectives of this program center around creating linkages between the University of Florida Counselor Education Department and the aging service network in the state. Specific objectives include: to train program staff and volunteers of the aging services network in the knowledge and basic skills involved in counseling older people; to establish peer counselor programs in Area Agency on Aging (AAA) contracted sites in the state; to develop appropriate curricula and materials for the variety of persons who work in the aging network; to develop in PRC staff the sensitivity and motivation needed to serve as effective advocates for older people; to develop relationships with programs for older persons in the informal aging network, such as adult congregate living facilities, Retired Senior Volunteer Program (RSVP), American Association of Retired Persons (AARP) Chapters, and others.

Team Approach

The team approach has been an integral component of this program. The AAA Provided the opportunity to write a grant proposal for the purpose of offering peer counseling training throughout District III in Florida. Through cooperative efforts between university personnel and the AAA office, a plan to meet existing needs was developed and implemented.

Response to Local Needs

Due to the diverse population of the area, the team tailored the workshops to meet individual needs. The basic structure of the program remained identical in all workships; however, the manner of presentation and the examples used were adapted to allow for these individual differences.

Program Content and Structure

The program is comprised of three training levels: beginning, intermediate, and advanced. Each level requires 10 hours of participation. In the beginning phase, trainees are provided with information and practice concerning basic communication skills, helping relationships, and the needs of older persons. Upon completion of this level, participants are expected to continue their training at the intermediate and advanced levels. A handout is provided that summarizes the content of each session. Modules have been prepared for use as follow-up materials and as aids for ongoing supervision.

Funding

The PRC received funding initially from the AAA in the form of a $55,000 grant. Other supports come from various types of training funds. Future funding sources include gifts from private foundations, corporate donations through the university development office, solicitations of private individuals, and offering workshops on a pay-as-you-go basis. In-kind contributions, such as office space, furniture, volunteer clerical and research work, continue through the university and local agencies.

Publicity and Recruitment

The program initiated its publicity and recruitment through a presentation at the university in cooperation with the AAA. Interested agency and project representatives who attended this session were asked to indicate their choices of dates for the training. The PRC introduced itself on a statewide basis through two workshops conducted at the Florida Council on Aging semi-annual conference. In addition, three videotapes produced by the PRC, entitled "Peer Counseling for Older Persons," "Assertiveness Training for Older Persons," and "Linking Yoga and Counseling," attracted a number of potential participants.

Evaluation

The team designed a two-level process for program evaluation. A pre- and posttest is administered to all participants, each consisting of 12 true-false questions pertaining to knowledge in the area of aging, and five statements by older persons with instructions to the trainee to write a helpful response. The second level of evaluation is targeted at the agency supervisor or director and is mailed to them for their assessment. Follow-up evaluation involves questioning participants at four sites as to the impact of the training on the effectiveness of their work with older persons.

Institutionalization

The PRC has a close working relationship with the University's Center for Gerontological Studies and Programs. The PRC is also developing a chain of contacts throughout the aging network in the state. Suggestions for future publicity of the program include a newsletter published by the PRC and radio spots describing the emotional needs of older persons. Yet another step toward institutionalization occurred when the state unit on aging indicated to all AAA directors that the PRC skilled helper workshop training was eligible for Title IV-A funds.

Additional Features

The incorporation of yoga into the central curriculum of the peer-counseling training program provides an effective mind-body link. It fosters intimacy which enhances communication; it stimulates self-awareness, allowing for personal growth; and it builds self-confidence.

Another special feature is the use of the Myers-Briggs Type Indicator (MBTI). The MBTI is an instrument that measures the orientations of individuals on the following types: introversion-extroversion, sensing-intuition, thinking-feeling, and judgment-perception. This instrument is administered on the first day of training, and the computer-scored results are distributed and discussed on the second day.

State: Tennessee (Team 1)

Program Title: Counseling and Communicating with the Aging—Basic Helping Skills

Phase: Continuation

Team Members: Jean Rae Bowers
Memphis Delta Area Agency on Aging

Barbara B. Lawrence
Josephine K. Lewis Multipurpose Senior Center

William Welch
Memphis State University

Kenneth A. Floyd
Tennessee Commission on Aging

Abstract

Persons working within the aging network are involved on a daily basis in helping relationships with older Americans. Many of these workers have little training or expertise in using appropriate helping techniques. A training program was designed to meet the needs of service providers through the cooperative efforts of the Memphis Delta Area Agency on Aging and the Division of Continuing Studies at Memphis State University. The program's sessions each deal with topics related to counseling older people.

Goals and Objectives

This program is designed to train service providers to become advocates for older persons in the community. Goals and objectives developed for this program are: to improve the well-being of the aging population by enhancing the skills of service providers; to increase the community's awareness of the needs of older persons; and to create a learning environment where workers share information and support in order to increase knowledge about the aging individual.

Team Approach

The development of this program involved numerous meetings with personnel from the Area Agency on Aging and Memphis State University. The team drafted a grant proposal and submitted it to the Director of the Area Agency on Aging. After the approval of the $2,000 proposal, implementation of the plans began. Each member contacted various individuals and agencies to enlist their support as instructors and to publicize the program within each agency. A team member was present during each class session to monitor the courses.

Response to Local Needs

The team used data from a county-wide needs assessment compiled by the AAA that included issues of concern to older persons. A questionnaire was also sent to workers and agencies in the aging network to determine interest in a formal course in basic helping skills. Information obtained from these assessments was used in developing the course curriculum. The team also consulted regularly with educators and agency personnel in an effort to provide a thorough and effective program for the trainees.

Program Content and Structure

The program is comprised of 12 three-hour sessions. Participants attending 9 out of 12 sessions receive certificates and CEU's. Topics covered in the sessions include the aging network, social gerontology, interviewing techniques, counseling and communication skills, problem resolution techniques, information and referral, and stress management. A variety of learning activities are used in the program including role-plays, lectures, modeling, skills practice, and audiovisual presentations.

Funding

Costs for the program were kept to a minimum and were covered through in-kind contributions and a $2,000 grant from the AAA. Equipment, publicity, facilities, and instruction were provided by the Division of Continuing Studies at Memphis State University and the Area Agency on Aging. Monies from the grant covered the costs materials as well as the $5.00 registration fee for each participant, which was charged by the university.

Publicity and Recruitment

The program has been publicized through local newspapers, TV talk shows, university publicity, radio spots, and local cooperating agencies. Publicity for the program was so effective that requests from some potential participants could not be accommodated during the initial sessions.

Evaluation

Evaluations were conducted at the close of each session by trainees and instructors, which permitted modification of course components if needed. A follow-up study of participating agencies is planned to determine improvement in services for older people. The team, in conjunction with personnel from the Division of Continuing Studies, is planning to use the information gathered from these evaluations to revise the training and develop future programs.

Institutionalization

Officials in the Division of Continuing Studies are willing to continue the program on a regular basis and publish its availability in their bulletins. Preliminary studies indicate that a number of individuals and several local agencies working with older persons are willing to assume participant costs in the future. In addition, the univeristy now offers several courses in gerontology on the undergraduate and graduate levels, including an MS degree in counseling with concentration in gerontological counseling. An advance training program is also under consideration.

Additional Features

Students who complete the program are awarded 36 CEU's as well as a certificate of completion. In addition, the incorporation of the training program into the regular continuing studies program holds promise for the continuing success of the project.

State: Tennessee (Team 2)

Program Title: A Multidisciplinary, Gerontology-Oriented, Experientially-Based Counseling Training Program for Counselors of Older Persons

Phase: Planning

Team Members: Siegfried C. Dietz
University of Tennessee

James S. Beasley, Jr.
Area Agency on Aging

Diane K. Harris
The Cole Interdisciplinary Council on Aging

Ruth-Ann Petersen
John T. O'Connor Senior Citizens Center

David F. Holder
Center for Extended Learning, University of Tennessee

Program Description

Staff from the University of Tennessee, in conjunction with representatives of local agencies working with older persons, designed a skills training program for counselors that places a strong emphasis on practical experiences in the learning process. The goals of this program are two fold: to develop in trainees a high level of understanding of the problems and concerns of older persons and to teach and develop effective counseling skills in working with older people. The group targeted for the program is largely professional, including counselors, nurses, and senior center personnel. The team approach is a vital component of the program. In addition to staff from the university and the Division of Continuing Education, cooperative liaisons have been established with the University of Tennessee's Cole Interdisciplinary Council on Aging, the State Unit on Aging, the Area Agency on Aging, and local senior citizen centers.

One of the more innovative features of this program is the use of a very comprehensive evaluation technique. Data are collected through observation, interviews, questionnaires, and tests, and documentary and background sources. The training needs assessment conducted prior to the program implementation was also particularly thorough. A survey of directors of health care programs for aged persons in the southeastern states indicated that certain compentencies are sought in prospective employees by directors and administrators. The training program was designed to include skill building in these identified areas, contributing to its practical applicability.

Region V

State: Indiana

Program Title: An Experimental Program to Provide Basic Counseling Skills for the Providers of Services to the Elderly

Team Members: H. Mason Atwood
Ball State University

Morton D. Dunham
Ball State University

Karen Gardner-DeHart
Area VI Agency on Aging

W. Dean Mason
Indiana Commission on Aging (now deceased)

Program Description

Staff from Ball State University, the Indiana Commission on Aging, and the Area Agency on Aging developed a training program in basic counseling skills designed to meet the needs of service providers in the aging network. Through the use of a diagnostic procedure developed by one team member for a graduate course, learning needs of the trainees are identified. The program consists of 30 hours of training in listening and responding skills and uses a variety of learning techniques, including role-playing, simulation games, and fantasy exploration.

Participants in the program are service providers selected throught the AAA. The awarding of CEU's and certificates are a regular part of the program. Costs for materials, sites, meals, transportation, and release time for personnel are covered by the AAA, and faculty time and training are provided in-kind from the university.

A special feature of the program involves a log kept by trainees in which they record their impressions about their training, their personal feelings, and their attitudes on a day-to-day basis. This information, along with pre- and posttests and data from other instruments, is used in the evaluative process for the program. Advanced training and follow-up supervision is maintained in part by the use of graduate assistants, practicum students, and doctoral intern students from the university. In addition, an Associate of Arts program for paraprofessionals has been proposed to the university, to be developed through the counseling department.

State: Wisconsin

Program Title: Counseling the Older Adult (A Model Training Program for Paraprofessionals)

Phase: Planning

Team Members; Shirley Swasey
Waukesha County Technical Institute

Robert J. Kuechmann
Bureau of Aging, State of Wisconsin

Dorothy Phinney
Waukesha County Technical Institute

Kathryn J. Sellers
Southeastern Wisconsin Area Agency on Aging

Ruth Fossedal
Waukesha County Technical Institute

Abstract

Staff members at Waukesha County Technical Institute, in conjunction with the Bureau of Aging and the Area Agency on Aging, combined resources to develop a continuing education program to train service providers and volunteers in the aging network in basic interpersonal communications and counseling skills. Trainees receive 64 hours of training over a period of three months. Certificates and CEU's are awarded on completion of the program. After the program is evaluated, the model will be distributed for replication in other vocational, technical and adult education (VTAE) districts throughout the state.

Goals and Objectives

The basic objective is to develop a program to train older adult service providers and volunteers working with peer groups in basic counseling skills, human relations, and interpersonal communications. The ultimate goal is to provide an ongoing continuing education program for older adult paraprofessionals on a statewide basis through the vocational education system. Other objectives include: to encourage a positive acceptance of the services by the target population and to provide information and referral services to the older adult population.

Team Approach

Team members met with their respective supervisors to gain support for the program. A proposal was submitted and the team received funding from the Bureau of Aging, the Southeastern Area Agency on Aging, and the Wisconsin Vocational, Technical and Adult Education system. An advisory committee comprised of individuals from aging network agencies was established to assist the team in the development of the program. The team approach is used through every phase of the project.

Response to Local Needs

A letter and questionnaire were sent to all of the agencies in the area offering services to older adults in an attempt to determine training needs. The data obtained from this survey were used to develop the training curriculum as well as in planning, scheduling, and determining the location of the program. The learning needs of trainees were assessed through a pretest given at the beginning of the training session. Based on this information, course content can be modified for each new group of trainees, if needed.

Program Content and Structure

Topics covered in the training include basic communication skills, listening and helping techniques, psychosocial aspects of aging, and common health problems of aging. Approximately 64 hours of training are scheduled over a period of three months. Learning activities are varied through the use of a textbook, handouts, films, slide-cassette presentations, and quest speakers.

Funding

One of the unique aspects of this program is that it is funded jointly by the Bureau of Aging, the Area Agency on Aging, and the VTAE. Although the initial program is grant funded, subsequent training programs will be offered by Waukesha County Technical Institute on a tuition or fee basis. The approximate cost is slightly more than $20.00, and it is expected that these costs will be absorbed by participants or allocated through agency training budgets.

Publicity and Recruitment

The program is publicized in a variety of ways. Flyers are distributed to older adult service providers and older adult and community organizations. News releases are sent to the media. Service agencies in the aging network are requested to publicize the program and recruit participants. In addition, visits are made to senior centers, senior nutrition sites, and senior citizen clubs and organizations.

Evaluation

Several types of evaluations are used to determine the effectiveness of the program. These include: pre- and posttests given to the trainees, record keeping and documentation of the service providers' activities after completion of training, follow-up surveys completed by individuals receiving services, and instructor ratings. Based on these data, necessary revisions and modification will be made to the subsequent programs.

Institutionalization

The training will be continued through the continuing education program at WCTI and advertised through their published schedule of courses. The course will be offered on a tuition or fee basis. Local agencies will be able to schedule former trainees for advanced coursework.

Additional Features

CEU's are offered to the participants (1 unit per 10 hours of instruction); certificates of completion are also awarded by the WCTI.

The possibility exists that this program will be implemented in all of the state vocational districts. Therefore, a participant relocating to another district can continue the training in the new locale.

Region VI

State: Oklahoma

Program Title: Trained Listeners' Corp (TLC) for Older People

Phase: Planning

Team Members: Mary Steele
Mental Health Services of Southern Oklahoma

Barbara Shelton
East Central University

Boyd Talley
Tulsa Area Agency on Aging

Carol Hinkley
Tulsa Community Mental Health

Susan Pawlosky
Mental Health Services of Southern Oklahoma

Millie Zimmerman
Mental Health Services of Southern Oklahoma

Abstract

Through the cooperative efforts of Mental Health Services of Southern Oklahoma and other agencies in the aging network, the Trained Listeners' Corps (TLC) for older persons was established to improve and expand mental health services for this group. The program provides training to mental health professionals and agency staff working with older people to equip them to be trainers for service providers and volunteers (TLC representatives). Training focuses on increasing participants' knowledge of aging, improving attitudes toward older people, and developing communication skills. A training manual was also developed which includes an instructor's guide for the basic communications training and materials for three specialized modules.

Goals and Objectives

The primary goal of the Trained Listeners' Corps is to develop a continuing education program to train peer counselors for work with older persons. Objectives designed to meet this goal include: to train personnel in mental health centers and the aging network to teach the program to groups of service providers and older volunteers; and to develop a communications skills training manual that would include specialized materials concerning role transitions, home health care, and peer counseling in institutional settings.

Team Approach

In developing the program, team members worked with an advisory committee comprised of representatives from various agencies including mental health centers, the Special Unit on Aging, and the Area Agency on Aging. Input from the advisory committee and other agencies, combined with data from a needs assessment, determined the content of the program. In addition to the advisory committee, a special interdisciplinary review committee will work with the team in evaluating the entire program.

Response to Local Needs

Because the catchment area has an active aging network, several colleges and universities, three Retired Senior Volunteer Programs and several mental health centers, the team decided it would be the ideal place to target the project. With survey data obtained from local agencies an input from the advisory committee, the training was geared to meet the needs of the target population. This group included Black and Native American individuals, physically handicapped persons, as well as some frail, isolated persons.

Program Content and Structure

The content of the program is geared to the basic skills and knowledge needed for effective communications with older people. It is divided into four major sections: basic communications skills, role transitions, home health care, and institutional care. Learning activities are varied through the use of lectures, experiential exercises, field activities, and guest speakers. Each unit is offered at one-to-two-week intervals, at the trainer's discretion, totaling 30 hours of training.

Funding

The program is funded through a grant awarded by the Regional ADAMHA/NIMH office of the Department of Health and Human Services. The grant covered costs for writing and printing the training manual, films and videotapes, publicity, and training expenses.

Publicity and Recruitment

Trainees are recruited through the Mental Health Services of Southern Oklahoma, the Area Agency on Aging, and other agencies involved in the planning of the TLC program. Volunteers to be trained as peer counselors are recruited through the Retired Senior Volunteer Program, churches, American Association of Retired Persons groups, the Area Agency on Aging, and other organizations. Publicity for the program is coordinated with the Public Relations Department of Mental Health Services of Southern Oklahoma and the Area Agency on Aging.

Evaluation

The evaluation of the effectiveness of the program includes a pre- and posttest of knowledge of aging, awareness of aging, and communications skills. An open-ended feedback questionnaire and an instructor rating form are also used. Follow-up procedures are yet to be developed.

Institutionalization

Continued funding for the program will be sought through grants, private foundations, and other sources. The Special Unit on Aging is interested in implementing the model on a statewide basis. Publicity and recruitment efforts will continue through the various agencies and programs for older persons in the area.

Additional Features

Each participant receives a certificate of training from the Mental Health Service of Southern Oklahoma. The TLC manual developed for this program can be used as a training guide for pre- or in-service training of community volunteers, nonprofessional staff in aging services or programs, and others who desire to improve their communication skills with older persons.

Region VII

State: Kansas

Program Title: Counseling Workshop for Paraprofesssional Providers of Services to Elderly Citizens

Phase: Continuation

Team Members: Ralph W. Wright
Pittsburg State University

Robert A. Cuthbertson
Southeast Kansas Area Agency of Aging, Inc.

Barbara Helton
Southeast Kansas Area Agency on Aging, Inc.

Edward G. Galloway
Pittsburg State University

Doris M. Sindt
Pittsburg State University

Abstract

Through the efforts of staff from Pittsburg State University and the Southeast Kansas Area Agency on Aging, a training program was developed to increase the quality of services provided to older people. The program was funded through a grant from the Kansas Department of Aging. The training is divided into four one-hour sessions covering topics such as counseling techniques, communication skills, and characteristics of older persons. In addition to mental health professionals, the sessions have been attended by directors of congregate meal sites and senior centers, bus drivers, homemakers, and meals-on-wheels volunteers.

Goals and Objectives

The primary goal of the program is to provide ongoing training for service provider personnel. Objectives established to meet this goal include: to improve communication skills; to increase the awareness and empathy of service providers for the characteristics and needs of older persons; and to develop and strengthen the quality of interpersonal relations between service providers and their older clients.

Team Approach

The team, comprised of representatives from Pittsburg State University and the Area Agency on Aging, identified key individuals in the aging network and solicited input from them concerning local needs and organizations. Questionnaries were distributed to service providers to determine training needs, and these were used by the team in planning and developing the program. In addition, all members of the team are involved in the evaluation process.

Response to Local Needs

The needs of the target population were determined through consultation with agency supervisors and the data obtained from questionnaires given to service providers. The content of the program was developed accordingly. In addition, the workshops were offered at times and locations convenient to the participants.

Program Content and Structure

Participants attended four one-hour presentations. The content of the program includes characteristics and needs of older persons, communications skills, counseling techniques, and benefits available to citizens over 60. Several types of teaching techniques are used: short lectures, handouts, skills exercises, and audiovisual aids.

Funding

The program was funded through a grant from the Kansas Department of Aging. Monies from the grant were used for supplies, participant fees, and honoraria for presenters. In-kind contributions of facilities, clerical assistance, and equipment were provided by the Area Agency on Aging, Pittsburg State University, and other local agencies.

Publicity and Recruitment

The program is publicized through newspapers, radio, and television. Supervisors from numerous agencies, including Social and Rehabilitation Services, the American Red Cross, and the Area Agency on Aging, personally encouraged their employees to attend.

Evaluation

The measures employed to determine the effectiveness of the program include evaluations completed by each participant at the end of each workshop and interviews with supervisors of service providers after completion of the training. The results of the evaluation are used to develop and revise future programs.

Institutionalization

New sources of funding will be sought in addition to the support already received from the Kansas Department on Aging. Publicity for the program will continue through area agencies, the local media, and the university. In addition, course work in aging will be incorporated into the counselor education curriculum at the university.

Additional Features

Certificates of completion were given to all participants and CEUs will be awarded in future training programs. The design of the program is such that it can be replicated in other areas similar in geography and demography. Another unique characteristic is the extent to which many agencies cooperated in the coordination and implementation of the program.

State: Nebraska (Team 1)

Program Title: Eastern Nebraska Office on Aging In-Service Training for Improved Communications

Phase: Implementation

Team Members: Richard Blake
University of Nebraska at Omaha

Charles Timothy Dickel
Creighton University

J. Kenton Fancolly
Eastern Nebraska Office on Aging

Program Description

The program planned by this Nebraska team includes a variety of long- and short-range objectives. Their ultimate goal is to enhance the communiation that takes place between service providers and older people. The first step toward this goal was the development of a series of training sessions in communication skills for area agency on aging staff and service providers. Funding for the program was provided by the area agency in the form of Title IV-A training funds.

The training program was divided into three segments with each segment consisting of two two-hour sessions. Each segment related to a specific basic communications topic or skill and included self-awareness building, demonstration, and practice activities. The three segments of training dealt with three aspects of interpersonal relations and communcations: (a) identifying and responding to feelings, (b) the nature of respect and communication of respect in interpersonal relations with older people, and (c) constructive assertiveness in dealing with older people.

A unique aspect of this program is the use of an educational consortium approach in which two university counselor education programs worked cooperatively with the area agency on aging to plan and implement the training.

The training sessions were conducted by professors and advanced graduate students from both UNO and Creighton Universities, all of whom function as co-leaders during training sessions. The use of students has further helped to establish linkages in the community because they have since entered positions in the community where their familiarity with the AAA service providers and programs has proven beneficial.

The area agency is assisting with institutionalization of the program through plans to incorporate counseling training in their IV-A plan. This team has also provided an excellent peer counseling training program for older Nebraskans in their area through Title IV-A, and the University of Nebraska at Omaha has developed a credit course in basic counseling skills suitable for aging network service providers who wish to continue training beyond the workshop.

State: Nebraska (Team 2)

Program Title: Peer Counseling Training—Communication Skills Training

Phase: Continuation

Team Members: Sally Van Zandt
University of Nebraska at Lincoln

Ann Hopkins
Lincoln Information Service for the Elderly (LIFE)

Robert McCallister
Doan College

Abstract

Cooperation of University faculty and student with Area Agency staff resulted in a program targeted to meet the goals set out at the regional workshop. Response from the senior centers was so great that classes were eventually held in six different rural communities and one urban area. Sixty older peer counselors were trained by eight college students, supervised by university faculty. One group of senior peer counselor trainees who were trained in October were retested in January and still retained their skills. Another group continued their own weekly sessions after the classes were completed. All of the sites had more sessions than originally planned, at the request of participants. Assisted by LIFE staff, several of the sites established monthly support groups which continued until advanced courses began.

Goals and Objectives

This program was designed to combine the skills of counselor educators and staff in the aging network to develop continuing education programs geared to the training needs of staff, volunteers, and others working with older people. University faculty and students participated as trainers and supervisors of older volunteers and helpers who had no previous training in basic communication skills. Specific objectives for this program include: the development and implementation of a training program for the trainers; training the volunteers in basic communication skills; and evaluation of the process. The primary emphasis of these programs is on particular service delivery needs in rural areas.

Team Approach

Initially, faculty representatives from the universities and the Lincoln Area Agency met to design a program to meet the stated goals and objectives. Subsequently, input and cooperation were solicited from a variety of sources including senior center directors, college faculty, the director of the Community Centers for Seniors, the Area Agency Coordinator of Consultation and Education, and the college students who were to serve as trainers in the program. Meetings were also held between the senior center managers and students prior to implementation of the program to schedule classes and tailor the program to meet the needs of each center. These meetings also served to allay any fears concerning the content of the program and its acceptance in the community. All parties were present at an evaluation meeting where center managers, student, faculty, and agency staff had the opportunity to share their enthusiasm for the program.

Response to Local Needs

Response to needs was addressed on several levels. College students serving as trainers were provided with ongoing supervision and training to enable them to work more effectively with their trainees. Agency staff, college faculty, and students met to develop a curriculum geared to the needs of the volunteers. Plans for later sessions were adpated to meet needs that emerged in each program following the initial class. Classes were held in the various communities at a time most convenient to the participants.

Program Content and Structure

The content of these programs centered on attending to feelings and active listening skills. Classroom activities included practice sessions to assist the older persons in the development of these skills. The structured program consisted of four two-hour sessions, preceded by two site visits by the student trainers. Learning materials used by the trainees included readings from textbooks, handouts, and homework assignments. Advanced classes were held at the request of the participants and included the use of quest speakers, information of death and dying, and practice in problem solving skills.

Funding

Expenditures for this program have been met primarily by in-kind contributions. Trainers donated their time out of a vested interest, and the university and the Area Agency on Aging provided facilities for meetings, duplication of materials, phone, and staff for implementation of the program. LIFE assumed the cost of the books used by the trainees. The costs for the trips to and from the sites, distances of 40 to 140 miles each week, were covered through three sources; a State Commission on Aging grant, Community Centers for Seniors, and LIFE. Permanent funding is now provided through LIFE.

Publicity and Recruitment

The Area Agency on Aging and RSVP newsletters were used to publicize the program. Flyers were distributed within the centers where the managers expressed an interest in the program. On a local level, phone calls and personal contacts were effective recruitment tools in obtaining participants for the program. Student trainers who participated were eligible for college credits.

Evaluation

Self evaluation were used by participants, students, and staff. The participants also had the opportunity to evaluate the trainers. The format of the evaluations varied, ranging from checklists and rating scales to short answer questions and sentence completions. Open ended questions were the most effective evaluation instruments used. Follow-up evaluation of the effectiveness of the program is monitored through monthly support groups for participants.

Institutionalization

Programs established at the senior centers continue to function with the assistance of the Area Agency on Aging and are providing monthly in-service and support groups. Advanced classes also have been implemented at some of the original centers, and beginning classes are repeated for those unable to attend the first series. Students continue to be recruited as trainers through the university. Future considerations for expansion and maintenance of the program include: establishing contacts with state officials and agencies, consulting with other university faculty and adminstrators to obtain financial support, and using other untapped resources.

Additional Features

Certificates were awarded at a special ceremony on completion of the training. One of the particularly unique features of this program involved sending trained university students out on their own to the senior centers to conduct training for the service providers. This created a situation where the students were able to become acquainted with the people at the center, and a sense of community was established.

Region VIII

State: Utah

Program Title: Continuing Education: Counseling the Aged (CECA)

Phase: Planning

Team Members: Michael R. Bertoch
Utah State University

Robert Green
Northern Utah Area Agency on Aging

R. Trent Wentz
Bear River Mental Health

Lloyd A. Drury
Utah State University

Sara Sinclair
Sunshine Terrace Nursing Home

Glen C. Terry
Orthopedic Surgeon in Private Practice

Mike Stones
Physician in Private Practive, Logan

Abstract

The Continuing Education for Counseling the Aged (CECA) project is a joint venture combining the resources of aging network adminstrators and staff with university and community expertise in counseling and gerontology. The program is designed to increase professional service to older persons through a series of workshops geared to the training needs of service providers, older persons, and children of older people. The workshops address issues such as diseases prevalent among older people, bereavement, nutrition, retirement, and skills for counseling older people.

Goals and Objectives

The overall goals of the program are to increase training opportunities for aging network service providers and the older population and to increase community awareness of the aging process. Objectives designed to attain these goals include upgrading the skills and knowledge of personnel working with older people through the development of an ongoing in-service training program.

Team Approach

The program team is comprised of representatives from the university counselor education program, the Area Agency on Aging, long- and short-term care agencies providing services to older people, university extension and the local mental health service agency. Each member is responsible for obtaining input from, providing publicity to, and recruiting participants from agencies similar to their own. The team has been involved in every phase of the project.

Response to Local Needs

As the service area is relatively small, a majority of the local needs are represented by the team members. Input from other agencies has been included in the development of the program. The team is examining the possibility of extending some program components to older persons and their families where appropriate.

Program Content and Structure

Participants who attend all of the workshops receive approximately 70 to 80 hours of training. Books, guest speakers, handouts, and audiovisual aids are among the learning resources used in the program. The sessions cover a variety of subjects including: death, dying and bereavement; listening and interviewing skills; myths of aging; and nutrition and disease.

Funding

Direct-service agencies including Utah State University, Bear River Mental Health Center, Sunshine Terrace, and Logan Senior Citizens' Center, volunteer their facilities, time, and equipment. Training funds appropriated to agencies and university registration fees cover those areas not accounted for by donations.

Publicity and Recruitment

With the cooperation of the local mental health center, publicity and recruitment is accomplished through weekly articles in the newspaper and a talk show on one of the local radio stations. In addition, direct service agencies encourage personnel to attend the workshops.

Evaluation

A variety of evaluative instruments are used dependent on the nature and content of each workshop. Participants, instructors, agency administrators, and the team are involved in the evaluation of the program's effectiveness. Future workshops will be modified on the basis of this feedback.

Institutionalization

Maintenance of the program is under consideration by the team. Several alternatives have been discussed, including the incorporation of the workships under the auspices of Utah State University's Gerontology Program or the local Area Agency on Aging.

Additional Features

One of the special features of this program involves the possibility of extending the training beyond service providers directly to older persons and their families. As a result of the team's efforts, a new university practicum setting has been established and two new course offerings are available entitled "Psychology of Aging" and "Counseling the Aged."

Region X

State: Washington

Program Title: Counseling Skills for Helping Older Adults

Phase: Continuation

Team Members: Lawrence M. Brammer
University of Washington

Alice J. Kethley
University of Washington

Lawrie Robertson
Kirschner Associates

Kay E. Shield
Seattle-King County Division on Aging

Beckey Martelli
State Agency on Aging

Program Description

Representatives from counselor education and various local and state agencies in the aging network combined resources in an effort to coordinate and expand counseling skills training programs for paraprofessionals and volunteers working with older people. A key component contributing to the success of this program is its interdisciplinary approach, using the expertise of individuals in social work, human development, counseling, health education, and other disciplines. Another unique feature is an annual summer workshop series. In addition to training in counseling skills, participants attend sessions on sexuality, health, cognitive disorders, death, and drugs.

A major feature of this program is the coordination and expansion of existing programs and the linking of resources. Scattered elements of continuing education endeavors were brought together in a more cohesive program, and the counseling component of the gerontology offering was expanded. Classes in gerontological counseling were moved to evening hours in order to be accessible to persons working in the aging network, intern placement opportunities in aging were expanded, and linkages among higher education units and agencies providing services to older persons were established. In addition, more older persons and agency personnel were included as resource persons in the continuing education programs.

SECTION C—ADDITIONAL PROGRAMS WITH SPECIAL FEATURES

Region II

State: New Jersey

Program Title: 1. Basic Communication Skills for Paraprofessionals
2. Senior Peer Counselor Training

Team Members: Mary Lou Ramsey
Trenton State College

Lillian Ringel
Unified Vailsberg Service

Lois Stewart
New Jersey State Division on Aging

Marie Yevak
William Patterson College

Program Description

This team developed and implemented two training programs. The first, entitled "Basic Communication Skills for Paraprofessionals," was conducted in each of the north, central, and southern regions of the state to enhance interpersonal communication between service providers and their older clients.

The second training program "Senior Peer Counselor Training" included 14 sessions for 60 total hours of training for 20 selected older volunteer leaders from four direct service agencies. Three distinct training components were involved. The first, personal growth, focused on the promotion of a greater sense of self-awareness among trainees. The second component was participation in the central region session of the "Basic Communication Skills for Paraprofessionals," while the third provided senior peer counseling training and included topics such as interviewing skills, group development, problem solving, and goal setting. This training was conducted to initiate pilot programs for organizing self-help support groups for older people within the participating agencies. Supervisors were invited to the first and concluding sessions of the training.

There are several unique features of this program, including the structure through which the program was implemented. It was organized and administered by the Urban Health Institute, a private nonprofit organization, through a grant from the State Division on Aging. Team members served on the advisory committee set up by the grantee and several also served as trainers. Another important feature was the ongoing support and technical assistance provided the trainees. Following the training, the 19 volunteers who completed the training and their supervisors worked with a consultant provided by the Division on Aging to respond to issues or areas of concern that arose. A third noteworthy feature of this program is the follow-up evaluation plan. The State Division on Aging is developing a form to be completed by the supervisors to obtain feedback on the effectiveness of the overall training, the consultant, and the services being provided by the trained volunteers. This information will be used to develop further and improve upon the basic training plan and the delivery of services to older people.

Region IV

State: Florida (Tampa)

Program Title: Communication Skills Training for Aging Network Service Providers

Team Members: Sue Saxon
University of South Florida

Kathey Leshko
Tampa Bay Regional Planning Council
Area Agency on Aging

Bill Simpson
Family Counseling Center

June Dugger
Florida Aging and Adult Services Program Office

Program Description

This Florida team formed a 12-member technical advisory committee with members from a variety of community agencies, and they approached the planning process with a great deal of care and precision. The committee conducted two needs assessment surveys: one to find out what training had been conducted and another to assess what training service providers believed they need. This careful approach to needs assessment is an outstanding feature of this program, and the results of the survey reflect a difference in professional, paraprofessional, and volunteer perceptions of training needs. The content areas for the training were in part dictated by the results of the training needs assessment. Title IV-A funds were sought and secured to sponsor training for service providers.

This training has proceeded with a good response in the area. The team used a train-the-trainer mode and expects that training will thus be carried to a wider target population. The team also has developed curriculum materials that will be made available throughout the state network to interested groups.

Region VI

State: Arkansas

Program Title: Communications Skills Training

Team Members: Joyce Jones
Arkansas Department of Human Services

Larry Dickerson
University of Arkansas at Little Rock

Chuck Barnett
Arkansas Economic Development District, Inc., Aging Services Division

Program Description

From the outset of their work together, this Arkansas team planned to develop a program that would provide counseling skills training to service providers throughout the state of Arkansas. They realized the need to generate enthusiasm among the eight regional Area Agencies on Aging, especially since funds were limited. The state office contributed funds to cover partial expenses, and a two-day train-the-trainers workshop was conducted. A prepackaged communication skills training program developed by the Rehabilitation Research and Training Center at the University of Arkansas was used as the basic curriculum. This was tailored to meet the specific needs of older persons.

Two outstanding features of this program were the support and direction given by the State Unit on Aging through the efforts of the supervisor of in-home services and the use of a train-the-trainers workshop to generate interest in communication skills training. Following this workshop, each Area Agency on Aging applied to the state unit for funds to implement a communication and interpersonal skills training program in its planning and service area. There were approximately 275 aging network personnel trained with this program. The state unit is seeking additional funds to continue the training. It is particularly noteworthy that the impetus for state unit involvement was provided by a dedicated staff member whose primary responsibility was not in the area of training.

Region VII

State: Kansas

Program Title: Counseling Rural Frail Elderly: APGA-AAA Outreach Programs

Team Members: Margery A. Neely
Kansas State University
Tom Mulhern
North Central-Flint Hills Area Agency on Aging
Theodore Wischropp
Kansas State University
Patty Lawlis
Kansas State University

Program Description

This Kansas team has developed a unique training program tailored to the demands of a rural locale. The program is designed to train outreach workers to contact older persons who are not currently receiving services, assess their needs, and make appropriate referrals. The overall goal of the outreach effort is to link older persons with needed services in order that they might remain independent and in their own homes as long as possible.

One unique and outstanding feature of this program is the formation of a task force on outreach to ensure continuation and successful coordination. Task force members plan training for persons from the Area Agency Board, Council on Aging, nutrition site managers, outreach workers, coordinators, Green Thumb outreach workers, and bus drivers.

A pilot training program was conducted in four counties and was highly successful, as evidenced by the fact that the achieved numbers of outreach contacts far exceeded those anticipated. The training is to be conducted for the remaining 14 counties in the state. The outreach workers are initially trained for two days in basic aspects of aging and community resources. The ensuing sessions involve intensive training in communication and interviewing skills, needs assessment, and referral procedures.

Region VIII

State: Wyoming

Program Title: Statewide Outreach Counseling Network for Older Americans

Team Members: Donald Forrest
University of Wyoming

Peggy Grutt
Wyoming State Office on Aging

Tom Orr
Wyoming State Office on Aging

Marjorie Woods
Western Wyoming Area Agency on Aging

Program Description

By building on an already established system, this team developed and is implementing a communications skills training program through its Statewide Outreach Training Network. Based in four locations throughout the state, this network consists of service providers from any Health and Human Services (HHS) program, as well as those from private outreach organizations such as the Elks Lodge. Each of the four groups meets once a month to conduct training and discuss issues and problems they encounter. Service providers will be using the text, *Counseling the Aged: A Training Syllabus for Educators,* as an adjunct to learning communication skills to assist them in their provision of services to older people.

One of the unique aspects of this program is that it is linking into and expanding upon an established network of service providers. By using this existing network, approximately 60 service providers will continue to receive communication skills training.

Region IX

State: California

Program Title: Effective Counseling for our Elders

Team Members: W. Donald Albright
California State University, Fresno

Esther Snider
Foster Grandparent Program, Fresno

Program Description

This team developed a plan to provide communication skills training especially designed to serve the needs of persons working in agencies serving older people and religious organizations whose members work with older persons in the Fresno-Madera area. One of the special features of this program is the interagency-interinstitutional cooperation. A training workshop was conducted through the monthly series sponsored by the Older Americans Organization, California State University, Fresno Services to Older Adults, and Information and Referral for Seniors/City of Fresno.

Another special feature of this program is its intent and structure. The program is designed such that a panel of experts presents information regarding four problems common to many aging individuals (depression, loss and grief, family conflicts, and alcohol and drug abuse), and participants then meet in small group sessions where they have an opportunity to engage in role playing and case reviews covering these problem areas. In addition, the workshop was approved for six hours of Continuing Education credit by the State Board of Registered Nursing.

It is planned that this general format will be used in providing similar training workshops for service providers to older people in other communities adjacent to Fresno. The content and resource personnel may be changed to meet specific local community needs.

State: Nevada

Program Title: Learning to Assist Others in their Efforts to Solve Problems Related to Loss

Team Members: John A. Bailey
University of Nevada at Reno

Betty Franzl
Carson Mental Health Center

Adele Somers
University of Nevada at Reno

Program Description

Through 11 hours of instruction and practical experience, this team has developed a plan whereby persons working within senior centers and community service programs as directors and outreach, volunteer, and information and referral workers will learn and practice basic communication skills that will enable them to assist others in overcoming the debilitating effects of loss in an appropriate way.

One aspect that makes this program rather unique is the source of financial support. Through a proposal submitted to the Nevada Agency for Title I, Higher Education Act, this team was granted continuing education funds for its training program. Another noteworthy feature of this program is the emphasis placed on building and using a support system and network of informal resources to assist the trainees and the people they serve.

UNIT V

A NATIONAL PERSPECTIVE ON TRAINING

UNIT V
SECTION A

HISTORICAL DEVELOPMENT
APGA's INVOLVEMENT IN AGING

Jane Howard-Jasper

Jane Howard-Jasper is currently the Assistant Executive Director of the National Association of Student Personnel Administrators, where she serves as Director of Governmental and Association Relations in the Washington, D.C. office. Prior to accepting this position, she was an Associate Executive of the American Personnel and Guidance Association (APGA), where she managed contracts, grants, and special projects funded by government agencies, private foundations, and related groups. In addition to serving as staff liaison to the APGA Committees on Human Rights, Women, and Adult Development and Aging, Dr. Howard-Jasper was Liaison to the National Project on Counseling Older People.

Dr. Howard-Jasper received her PhD in administration and higher education and a Master's in counseling and student personnel from the University of Maryland. She has been active on the local, state, and national levels in various educational, vocational, and administrative associations and committees and is a member of the National Center for Human Potential. She also has been a group leader and moderator for parent groups, women's conferences, and conferences on career education, as well as a fund raiser and public relations representative.

INTRODUCTION AND OVERVIEW

The American Personnel and Guidance Association is comprised of nearly 40,000 members who are aging. It seems logical that the association would address the subject of aging with the care and consideration it has shown to other special populations and issues. The extent to which this has been accomplished is the topic of this paper. Historical events that have made a major impact on the field will be discussed and are highlighted in Appendix A of this section. Special training projects as well as activities of APGA's Aging Committee will be discussed.

HISTORICAL DEVELOPMENT

An early concern for the counseling needs of older persons was expressed in a meeting held October 18, 1962 at APGA headquarters in Washington, D.C. between the then Executive Director of APGA, Arthur Hitchcock, and representatives from the Office of the Secretary of Health, Education, and Welfare. (Other persons attending this conference are listed in Appendix A.) Donald Kent, Special Assistant to the Secretary for Aging, although unable to attend the meeting, expressed his support for "the development of plans for expanding counseling services to older people."

The need for counseling of adults was recognized at an early time and centered mostly on three areas: retired persons; replacement of workers by technological advance and sociological changes; and women entering and returning to the labor market. These specific problems still exist 20 years later and form the basis for needed specialization in working with older persons. In 1962 an action was sought from APGA to develop programs in an emerging problem area. At that time there were no resources that would permit APGA to undertake a major project in this field. The recommendation for the establishment of a Commission on Counseling Adults had to rely on volunteer-member committee efforts for successful implementation.

It was not until 1972, 10 years later, that the APGA Senate passed a resolution to develop guidelines for curriculum planning to train counselors to work with older persons. (See Appendix B for complete text of resolution.)

Prior to this time, older persons comprised a specialized area of human rights addressed by the Human Rights Commission of APGA.

THE APGA AGING COMMISSION

The APGA Commission on Middle-Aged and Older Persons was established in 1973, under the guidance and chairmanship of Daniel Sinick, as a separate committee concerned with older persons. This commission's steering committee formulated plans to develop greater member interest and participation in the area of service needs of older people. The name and focus of the committee's efforts have changed several times over the years. Currently, the APGA Committee on Adult Development and Aging continues to meet and to advocate for the concerns of older persons within APGA. The mission statement of the committee includes two primary goals:

a. To increase among APGA members an awareness of counseling needs and practices for older adults.
b. To increase the service involvement of counselors in the field of aging.

The committee's efforts over the years have resulted in increased APGA activity related to aging. At the national convention of 1974 in New Orleans, the commission sponsored a series of programs to highlight the effort to emphasize aging. Some of these programs were co-sponsored by the National Council on Aging. Through the ensuing years the annual conventions have included programs and sessions dealing with this topic. A partial listing of these sessions shows progressive interest in these topics:

1976—*Chicago*. Theme Session, "Counseling the Aging."

1977—*Dallas*. Theme Session, "Counseling and Involvement for the Isolated Aged Individual."

1978—*Washington, D.C.* "Open Meeting with the Committee on Aging."

1979—*Las Vegas*. Over 30 programs on Counseling Adults, 11 specifically related to Counseling Older People.

1980—*Atlanta*. Theme Session, "Aging and the Family," as well as Open Meeting co-sponsored by the Committee on Adult Development and Aging and the American Rehabilitation Counseling Association Interest Group on Aging, with more than 14 additional sessions relating to counseling older people.

1981—*St. Louis*. Theme Session, "Adult Development and Aging—A Community's Responsibility," plus over 42 programs related to Counseling Older Adults, 29 of which related directly to Counseling Older People.

LEGISLATIVE INVOLVEMENT

APGA has shown its interest in the counseling needs of older persons through both committee work and legislative efforts. In 1976, HR 12667 was introduced by Congressman Claude Pepper. This bill was designed to augment the counseling assistance mandated by the Older Americans Act. APGA members testified in support of HR 12667 before the Select Committee on Aging of the U.S. House of Representatives. The bill did not pass and was reintroduced the following year as HR 1118, the Older Persons Comprehensive Counseling Assistance Act of 1977. This bill called for assistance in training counselors to work with older persons. The Counseling Assistance Act was reintroduced in 1981 as HR 503. APGA staff assisted with the rewriting of the 1981 act, and both staff and members continue to support this needed legislation.

SPECIAL TRAINING PROJECTS

Another major APGA involvement began in 1977 with a grant funded by the Administration on Aging. The purpose of the "Special Training Project on Counseling the Aging" was to develop model curriculum materials for use in training programs in higher education. These materials were to be used in improving preservice training for persons who are involved in counseling older people, and to serve as a starting point for the development of new courses and training programs.

The office of the Aging Project was established at APGA National Headquarters in Washington, D.C. with Dr. Mary L. Ganikos serving as project director. Materials developed included: *Counseling the Aged: A Training Syllabus for Educators*, and the staff development guide, *Handbook for Conducting Workshops on the Counseling Needs of Older People*. A slide/tape presentation, "Hey, Don't Pass Me By," was also developed and remains available from APGA on a free loan basis. This project was undertaken in an initial attempt to improve the quality and visibility of counseling services for older people. It was seen as a beginning and was followed by a second award in 1979 from the Administration on Aging.

The two-year cooperative agreement, funded from September 1979 to December 1981, was titled *Gerontological Counseling: Continuing Education for Counselors and Related Personnel*. This project was designed to stimulate the development and institutionalization of continuing education programs in gerontological counseling throughout the country. Again, Dr. Mary L. Ganikos served as project director. She resigned during the second year of the project and Dr. Jane E. Myers, who had served as her assistant, assumed the directorship of the project.

This project had several important purposes. One was the development of a nationwide network of continuing education training programs linking counselors with members of the aging network. To that end the project conducted workshops to train teams in program planning and facilitated the planning and implementation of this training network. On the local level, a variety of training programs were designed to teach basic communication skills to service providers working with older persons. Of these programs, 14 were selected as exemplary. These programs are described in Unit IV.

Another major accomplishment of this project was the production of three new manuals: a text and trainer's manual for use in teaching helping skills to service providers in aging and this manual to assist in developing continuing education programs in gerontological counseling.

APGA AND AGING IN THE FUTURE

The 1970s were active and productive years for APGA in working with and for the aging population. The next 10 years will provide the opportunity for APGA, its members, and friends to expand their commitment to this special group of people.

The Committee on Adult Development and Aging will continue to be active with regional and state interest groups following its lead. Funding for special projects is expected to continue, and efforts will be made to obtain support wherever possible. APGA will look to the needs of this increasingly large group and attempt to provide appropriate services, not only through its membership but also through efforts to educate, train, and support those who are working with older people in all areas.

APGA has made a significant contribution thus far, and it must continue as a leader in the field. Professional counselors need this assistance, the public must have guidance in dealing with the increasing problems faced by greater numbers of older persons in the population, and the members want to know that their association can answer the needs of society to the degree possible and appropriate for the times.

APPENDIX A

Timeline of Events Showing APGA's Involvement in Aging

DATE	EVENT	PERSONS INVOLVED and	AFFILIATION
October 18, 1962	Meeting	Arthur Hitchcock	APGA Executive Director
		Clark Tibbits and Ada Barnett Stough	Office of Secretary, HEW
		Olive Banister	APGA
		Richard Bryne	APGA
		Wilma Donahue	APGA
		Richard Dresher	APGA
		Carl McDaniels	APGA
		Leonard Miller	APGA
		Harold Williams	APGA
1972	APGA Senate Resolution	(See Appendix B)	
1973	APGA Commission on Middle-Aged and Older Persons established	Daniel Sinick, Chair	APGA
1976	HR 12667 introduced	Claude Pepper	Congressman (D-FLA.)
1977	HR 1118 reintroduced as "Older Person's Comprehensive Counseling Assistance Act of 1977"	Claude Pepper	Congressman (D-FLA.)
1981	HR 503 reintroduction of HR 1118	Edward R. Roybal	Congressman (D-CAL.)
		Robert A. Roe	Congressman (D-N.J.)
1977-78	AoA Grant "Special Training Project on Counseling the Aging"	Mary L. Ganikos, Project Director	APGA
October 1979-December 1981	Second AoA Grant "Gerontological Counseling: Continuing Education for Counselors and Related Personnel"	Jane E. Myers, Project Director	APGA

APPENDIX B

1972 APGA Senate Resolution

WHEREAS, The Federal Government has developed agencies for dealing with the aged; and

WHEREAS, The population and problems of the aged are becoming larger and more complex;

THEREFORE, BE IT RESOLVED, That APGA develop a committee to develop guidelines for planning a curriculum to train counselors in working with the aged and the children of the aged; and

BE IT FURTHER RESOLVED, That APGA contact counselor education institutions and ACES and encourage them to assist in this endeavor; and

BE IT FURTHER RESOLVED, That the Federal Government be made aware of the needs in this area and funds requested to fulfill its intent; and

BE IT FURTHER RESOLVED, That Branches be involved and the results of this resolution be reported at the 1973 Convention. (1972-74)

UNIT V
SECTION B

HISTORICAL DEVELOPMENT ADMINISTRATION ON AGING TRAINING PROGRAMS

G. Sandra Fisher

Sandra Fisher is currently the Director of the Division of Continuing Education and Training, Administration on Aging. She returned to AoA in 1974 following three years at ACTION, where she assisted with the development and implementation of the Retired Senior Volunteer Program (RSVP). Previously, she was Program Manager for the AoA Division of Research Applications and Demonstrations.

Ms. Fisher received her MA in history and education from the University of North Carolina at Chapel Hill, and her AB in history from Meredith College. She has also undertaken on-site study of home services in The Netherlands. Ms. Fisher is interested in both the domestic and international aspects of intergovernmental affairs, organization development, and the administration of human services programs.

INTRODUCTION AND OVERVIEW

In recent years the Administration on Aging has undertaken several activities to strengthen continuing education and in-service training for personnel working with or on behalf of older people. Reflective of this change was the creation of a new unit in the Administration on Aging in 1978 to concentrate on the continuing education and training needs of those individuals who are currently on the job.

The continuing education and training activities supported by the Administration on Aging are directly related to the mission of the Older Americans Act to make a comprehensive, coordinated system of services available to older individuals. Principally, the role of the Administration on Aging is to provide funds and assistance to state government and to the variety of governmental and private organizations and institutions that are in a position to know about the particular training needs related to aging services in their own areas. Considerable attention has been given to the know-how that exists in the training area at all levels within the country and to improved techniques for using this potential fully to economize efforts in training. In this section, the rationale for AoA's continuing education program will be described, followed by a description of the major components of the program. The potential applications of counselor education to aging network training will also be explored.

RATIONALE FOR IN-SERVICE TRAINING IN AGING

Economical use of resources available for in-service training related to the aging field is necessary because of the enormous breadth of training needs that must be met with limited funds. Continuing education and training opportunities have not kept pace with the growth of the older population nationally. Added to this problem is the fact that the majority of professionals in all fields who are on the job in the 1980s finished their academic education before aging was included in basic curricula as a specific content area. While much progress has been made over the past 15 years in the development of gerontology as an academic field, the fact remains that many thousands of professionals who are today in the position to provide direct service to older persons were not able to take advantage of such study to prepare them for their current and future work with older people. Thus, continuing education may indeed be the first exposure for many individuals to aging as a field of study.

A corollary to the general educational problem noted above is the growth of organizations and staffs related directly to the Older Americans Act. Through allotments of funds to state Agencies on Aging, the Older Americans Act is providing support directly to some 600 Area Agencies on Aging and 10,000 providers of direct services. This is a work force of approximately 30,000. A rapid expansion in the development of these organizations and employment of staff beginning in the early 1970s has created major and diverse training needs within what has commonly come to be called the aging network.

Thus, the continuing education and training programs of AoA currently emphasize training which is needed immediately by state and local agencies receiving funds under the Older Americans Act. At the same time, efforts are being made to provide these training resources to numerous other employees who work with older people in communities and to agencies not funded under the Older Americans Act.

AOA IN-SERVICE TRAINING PROGRAM COMPONENTS

The organization of efforts to meet the above needs is keyed to the knowledge and assistance required by states and localities to build aging content into instruction in both academic and nonacademic settings. The major in-service training program supported by AoA is the *State Education and Training Program,* in which state Agencies on Aging are provided funds under a discretionary grant. While state agencies on aging draw on other funds for training, this particular project provides for statewide planning for in-service training, creation of joint plans with related state agencies (such as state departments of higher education), as well as the direct delivery of the in-service training. Each state Agency on Aging has a staff person assigned to training who is available to consult on aging and training needs generally within the state. This same person often manages various training programs and awards of training funds within the state.

Because of the developmental nature of continuing education and training related to aging, the Administration on Aging supports two programs that are specifically targeted and limited to (a) providing technical assistance to assist with the development of quality instruction, and (b) improving the use of the resources available. The *National Continuing Education and Training Program* supports the development of instructional material and provides for testing and dissemination on a national scale. Currently, 20 projects are funded under this program. Content areas include nutrition, home services, patient education for the older patient, community care systems (including both public and private resources), and meeting the needs of older individuals with serious health problems. Each instructional guide is developed for use in a variety of community settings as well as for inclusion in academic courses.

To improve utilization of training resources and thereby economize on training efforts, a *Regional Education and Training Program* is supported by AoA through each of its regional offices. In each region, the AoA regional director has assumed broad training responsibilities in an effort to make training resources in aging more immediately available. Also, a major effort is underway in each region to link more closely planning activities related to education and aging at regional, state, and local levels. Each regional AoA office, through a training contractor, is now able to provide information about training resources both within the region and at the national level. Regional activities are in progress to bring together the service provider and the gerontologist as well as representatives of federal and state departments in education, health, social services, and related fields, including other key private organizations related to training and aging. Major training products, such as this one in counselor education, will be disseminated with the support and assistance of the Regional Education and Training Program.

The task is to build long-term linkages among the array of organizations and educational systems required for effective continuing education and in-service training in aging. As the older population expands, older individuals' own educational needs will change, as well those of the many professionals and volunteers of all ages who are engaged in working in the field of aging part-time or full-time.

In addition to programs previously described that related to continuing education and improved use of training resources, AoA also supports several programs aimed at improving the knowledge base in aging through support of preservice training for those individuals preparing for a career in the field of gerontology. The largest of these programs is the *Career Preparation Program,* which supports approximately 80 colleges and universities in curriculum development and student support. Other programs are: the National Aging Policy Study Center Program, Long-Term Care Gerontology Centers Program, Geriatric Fellowship Program, Minority Recruitment Program, and the Dissertation Program. Each of these programs addresses content and disciplinary areas important to the development of knowledge about aging and the need for additional personnel to meet the needs of older people.

COUNSELOR EDUCATION AND AoA TRAINING PROGRAMS

The counselor education projects at issue, to be directed toward professionals and nonprofessionals, paid staff and volunteers, have already made an impact in a number of localities and states. Staff working in the counseling fields as well as in the aging field can use these materials to create the structure for courses which may be offered for years to come. The organization of course offerings on a recurring basis in communities will require the attention of many counselors, educators, staff of area agencies on aging, and providers of services who are intimately knowledgeable about particular community needs. Joint efforts are needed to bridge the boundaries of academic institutions, the actual workplace, and the several separate and distinct professional fields if counselor education is to be available on an on-going basis to those who work directly with older people and their families. This current APGA project builds on an earlier project in counselor education suggested by

AoA several years ago. The institutional material and reference manuals produced under these combined projects offers a very comprehensive foundation for both preservice and in-service education in counselor education. These resources have added considerably to the body of knowledge in counselor education in the aging field. The effective implementation and dissemination of these materials is a continuing responsibility for all levels of the aging network, and especially those at the regional level. Information concerning the use of these materials, as well as additional information about training resources available through the Administration on Aging, may be obtained by contacting the individuals listed below as well as those given in Appendix A at the back of this manual.

OFFICE OF EDUCATION AND TRAINING

Administration on Aging
Office of Human Development Services
330 Independence Avenue, S.W.
Washington, D.C. 20201

DIVISION OF CONTINUING EDUCATION AND TRAINING

G. Sandra Fisher, Director
Telephone: 202/472-3050

Responsibilities:

State Education and Training Program
National Continuing Education and Training Program
Regional Education and Training Program
National Conference Program

DIVISION OF EDUCATION AND CAREER PREPARATION

Saadia Greenberg, Director
Telephone: 202/472-4683

Responsibilities:

Career Preparation Program
Geriatric Fellowship Program
Dissertation Program
Minority Recruitment Program
Minority Research Associate Program
Manpower Poicy Development

Note: Above programs operational during Fiscal Year 1981.

SUMMARY

The Continuing Education and Training program of the Administration on Aging developed in response to the need for training on the part of many new workers in the rapidly expanding aging network. The major components of this program are the State Education and Training Program, the National Continuing Education and Training Program, and the Regional Education and Training Program. Several career preparation programs are also in effect to train a variety of professional staff to work with older persons.

AoA has funded two projects to develop curriculum resource materials in counseling. Both projects, accomplished through the American Personnel and Guidance Association, have made substantial contributions of knowledge and materials for pre- and in-service training of aging network staff.

UNIT V
SECTION C

NATIONAL PROJECT ON COUNSELING OLDER PEOPLE SUMMARY AND OVERVIEW

Pamela Finnerty-Fried
Jane E. Myers

Pamela Finnerty-Fried was Aging Project Coordinator with the National Project on Counseling Older People in 1981. Currently she is an Instructor in the Rehabilitation Counselor Education Program at The George Washington University in Washington, D.C. She completed a certificate in Gerontology in 1981 and will complete her PhD in Counseling and Human Services at Florida State University in 1982. She received a BA in English in 1971 and an MEd and an EdS in Counseling in 1974 from the University of Florida.

She worked for four years in the field of vocational rehabilitation focusing on evaluation, mental health, and college liaison work. She also taught on an adjunct basis in Nova University's undergraduate Behavioral Sciences Program in Fort Lauderdale, Florida. She is active in various professional organizations. Her professional interests are in counselor training, preventive mental health services for older persons, and the psychosocial rehabilitation of older, chronic mental patients.

Jane Myers received her PhD in Counselor Education with a specialization in gerontology from the University of Florida in 1978. She received an EdS in Counselor Education with a minor in Education Administration in 1976 and a Master of Rehabilitation Counseling Degree in 1970 from the University of Florida. Her BA in Psychology is from the University of California at Berkeley, 1969. She is a Certified Rehabilitation Counselor (#78).

She has worked as a Vocational Rehabilitation Counselor and as an Aging Specialist with the State Unit on Aging, both in Florida. She taught at Florida State University and is now an Assistant Professor of Guidance and Counseling and Director of Rehabilitation Counselor Education at Ohio University. She served first as Program Associate and later as Director of the APGA National Project on Counseling Older People. She is active in several professional associations related to counseling, rehabilitation and aging, and is interested in services for older disabled individuals.

INTRODUCTION AND OVERVIEW

The suggestion that persons providing services to older people could benefit from training in communication skills led to the development of the National Project on Counseling Older Persons. Over a two-year period of time, this project implemented a national dissemination strategy to develop training programs for service providers in aging. These programs were intended to provide training in basic communication skills for a variety of service providers, volunteers, and peers and to provide more advanced training in counseling skills for some of those trained. In addition to developing curriculum materials for use in these programs, the project has developed and refined a methodology for program planning, with input from the numerous local program planners and service providers involved in the project. This section summarizes the history and development of the project.

PROJECT DEVELOPMENT AND HISTORY

The National Project on Counseling Older People was a cooperative venture of the American Personnel and Guidance Association (APGA) and the Administration on Aging (AoA). The mission of the two-year project was to develop a national system of locally based self-supporting, continuing education programs in gerontological counseling. Such training programs are seen as a means of filling an existing gap in the provision of counseling, mental health, or helping services to older persons. The failure of the mental health system to meet the needs of older persons is well documented. In fact, while more than 11% of the population is aged 60 and above, only 2% to 4% of persons seen in mental health clinics are in this age group. Further, an estimated 25% of older persons have significant mental health problems, and many more encounter adjustment difficulties that can lead to mental health problems if effective helping interventions are not forthcoming.

Many barriers to the delivery of mental health services to older persons exist, not the least of which is professional reluctance to treat older persons and older people's reluctance to seek mental health care because of the associated stigma. An alternative approach to providing helping services is through the providers of social services who interact daily with older individuals. When trained in basic communication skills, these persons can capitalize on preexisting relationships and rapport with older clients, identify problem situations, and make referrals for appropriate assistance before minor difficulties result in major crises.

The APGA/AoA project developed in response to the needs of older persons for mental health care and in consideration of the potential impact and importance of having existing service providers deliver a vital part of that care. If counselors are not available or seen as acceptable to older persons, then some other strategy for meeting the types of needs that can be met in counseling relationships must be developed. The idea of training existing service providers, people who see older people every day and who have earned their trust and respect, emerged as a means of filling this identified gap. The goal of the continuing education training programs stimulated by the APGA/AoA project was and is to improve the helpfulness of persons already serving older persons. Basic helping and communications skills training was seen as one potentially valuable means of increasing the benefits of relationships service providers have with the older persons they see every day. The purpose of programs facilitated by the project was not to train therapists or formal helpers, but to improve the effectiveness and helpfulness of informal helpers in contact with older persons. The prevention of need for extensive mental health services through early assistance, intervention, and referral is thus the underlying goal of such training.

REGIONAL WORKSHOPS & TECHNICAL ASSISTANCE

As stated earlier, the purpose of the project was to stimulate and assist in the development of a national network of local training programs. A series of regional workshops was conducted in the first year of the project to bring together counselor educators, aging network administrators, and service providers in order cooperatively to plan and implement programs. Each participant was a member of a team, and the breadth of experience and affiliation of these persons may be seen in the directory of regional workshop participants provided in Section D of this unit.

The regional workshops were structured to provide opportunities for development of plans by the various teams. The exemplary programs described in Unit IV demonstrate the variety and extent of the efforts of these outstanding teams. The goal was to foster cooperation and the development of training programs that would be responsive to local needs. The regional workshops provided the initial momentum for program development. During the year that followed, project staff members continued to support and assist the regional teams in their efforts to continue the planning process initiated in the workshops and to implement and institutionalize local training programs. The forms of technical assistance included resource identification, review of curricula and proposals for grant funding, promotional meetings with local agency representatives, and on-site visits. Staff members were assigned to each team and maintained an ongoing supportive relationship throughout the planning, implementation, and institutionalization phase of the various programs.

EXEMPLARY PROGRAMS

In January 1981 programs were considered for exemplary status based on criteria established by the project staff and advisory board. Due to the differences in starting dates and technical complexities of implementing programs in various sites, teams were offered the option of being considered in one of three phases: planning, continuation, or implementation. Criteria were applied within the context of the phase of development, and programs were evaluated based on the progress made since the respective regional workshop. In addition to baseline data indicating what gerontological counseling training services were available locally before the workshop, factors considered in the designation of exemplary programs were: (a) goals and objectives; (b) use of the team approach to program planning and implementation; (c) local responsiveness; (d) budgetary solutions; (e) publicity and recruitment strategies; (f) evaluation; and (g) institutionalization of the program. Each program summary submitted was reviewed by two independent reviewers who were members of the project's Advisory Board.

Fifteen exemplary programs were selected, and descriptions of these programs with varying levels of detail may be found in Unit IV. The programs are of different types, from peer counselor training to preretirement and in-service training program supported by AoA is the *State Education and Training Program,* in which state tal health needs of older persons.

CURRICULUM RESOURCES

In addition to developing training programs, the project also developed curriculum materials to aid in the design, development, and implementation of training programs for service providers. This manual is part of a three-volume set culminating that effort. The other two volumes are described elsewhere in this manual.

CONCLUSION

The National Project on Counseling Older People, a two-year cooperative agreement between APGA and AoA, sought to develop and leave in place a nationwide network of gerontological counseling training programs. This goal was met, and the production of a three-volume set of training materials, of which this is the first, serves to assure that future program planners in unserved areas will have ready access to the resources and expertise needed to develop new and viable programs to train service providers to older people in basic helping skills.

UNIT V
SECTION D

NATIONAL PROJECT ON COUNSELING OLDER PEOPLE DIRECTORY OF REGIONAL WORKSHOP PARTICIPANTS

Carolyn H. Graves

Carolyn Graves, formerly a Program Associate with the APGA/AoA National Project on Counseling Older People, is currently an Education and Training Specialist with Temple University's Institute on Aging in Philadelphia. Previously, she served as the Executive Secretary of the Association for Gerontology in Higher Education and as Assistant on a NIMH grant to the Gerontological Society to prepare background reports for the Secretary's Committee on the Mental Health and Mental Illness of the Elderly.

Ms. Graves received her MA in Human Development and Certificate of Concentration in Gerontology from the University of Maryland (1979), and her BS in Sociology from Virginia Polytechic Institute and State University (1976). She is an active member of several aging related professional associations, and her interests are in the areas of education and training, and mental health of older persons.

INTRODUCTION

The success of the National Project on Counseling Older People is attributable largely to the dedication and efforts of those who participated in the Regional Workshops. These workshops, which are described in the Introduction to this manual, launched the development of training programs by bringing together prime resource persons in the areas of counseling, education, gerontology, and administration and provision of services to older people. The collective listing that follows is an effort to identify and recognize those persons.

This directory is a multipurpose resource for individuals or teams who want to develop continuing education programs in gerontological counseling. First, it may serve as a source for individuals who are developing linkages to structure and build a team. If you have decided that you would like to develop a program in your local area, but have no contacts with, or are unsure about, persons who might be willing and able to work cooperatively in this endeavor, this directory can assist you in locating and contacting persons in your area.

Second, this directory can help increase your knowledge about the team approach to program planning and implementation. By contacting people who have participated in the Regional Workshops and who have experienced developing and working with a team, you can benefit from the knowledge they have gained.

In addition, this resource will provide you access to a national network of persons involved in training programs that are similar in needs or scope to the program you are planning. If, for example, you have chosen to develop a program for service providers in a rural area, then you might want to contact persons who have developed a program in another rural part of the country.

Ultimately this directory can be used as a practical resource for developing a training program in gerontological counseling. Regardless of the scope of your program, the target audience, content, or structure, this source will assist you in locating individuals and teams who can share with you the knowledge, experience, and expertise necessary for the successful development and implementation of your program.

USER'S GUIDE

The names have been organized numerically according to HHS Region. At the beginning of each regional listing, you will find the Regional Program Director (RPD) of the Administration on Aging Office for that region or the designated representative (if in attendance). Next, each participating state in that region is listed in alphabetical order. Prior to the conduct of the Regional Workshops, a Pilot Workshop was held in Maryland. These participants also appear alphabetically by state in the Region III listing, as Maryland is a part of that region. Within each state, the representative or director of the state office on aging is listed (indented), followed by a listing of each team from that state. In some instances, persons who were not involved directly as a part of a team participated in part or all of the workshop. These individuals are listed as Additional Participants at the end of each state listing.

Below is a list and explanation of special notations used throughout the Directory:

Symbol	**Notation**	**Explanation**
•	Regional Workshop Host	These individuals were selected as the contact person/organizer and site host for the workshop conducted in that region.
••	Satellite Host	These individuals were selected as the contact person for recruitment in their particular state for the regional workshop.
#	Change of Address	This indicates that the individual has changed locations/job since participation in the regional workshop.
+	Current Address Unknown	This indicates that the individual has relocated since the regional workshop, and new address is unknown.
°	Deceased	

REGION: I

#William Neth
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1. REGIONAL OFFICES ON AGING

2. STATE AGENCIES ON AGING

3. REGIONAL EDUCATION AND TRAINING PROGRAM OFFICES

REGIONAL OFFICES

REGION I (Conn., Maine, Mass., N.H., R.I., Vt.)
J. F. Kennedy Federal Bldg.
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REGION V (Ill., Ind., Mich., Minn., Ohio, Wis.)
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REGION VIII (Col., Mont., N. Dak., S. Dak., Utah, Wyo.)
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Three New Manuals on Counseling Older Persons

The American Personnel and Guidance Association/Administration on Aging National Project on Counseling Older People has developed three new manuals. These manuals comprise a set designed to facilitate the development and implementation of interpersonal communication and helping skills training programs for service providers who work with older people.

Counseling Older Persons, Volume I, Guidelines for a Team Approach to Training, 1981. Jane E. Myers, Pamela Finnerty-Fried, Carolyn H. Graves, Editors. $14.50 to APGA members; 17.50 nonmembers (Order #72107).

A blueprint or action plan for developing gerontological counseling training programs is presented by describing a planning team drawn from areas of program development, implementation, evaluation, and institutionalization. In addition, the manual includes descriptions of programs that were actually developed and implemented nationwide as a result of the National Project on Counseling Older People.

Counseling Older Persons, Volume II, Basic Helping Skills for Service Providers, 1981. Jane E. Myers, Editor; Mary Ganikos, Junior Editor. $15.75 to APGA members; 18.75 nonmembers (Order #72108).

This manual is designed as a text for a communication skills training program for service providers in the aging network. With the guidance of an expert trainer, this manual can be used to teach service providers basic helping and communication skills so that they will be more effective in serving older persons. It is written in lay language and uses a workbook format.

*Package price for all three volumes purchased together is $40.00 to APGA members; 49.00 nonmembers (Order #72105).

Counseling Older Persons, Volume III, A Trainer's Manual for Basic Helping Skills, 1981. Jane E. Myers, Editor. $15.75 to APGA members; 18.75 nonmembers (Order #72109).

Designed to accompany the **Basic Helping Skills** text, this manual provides guidance for the trainer of service providers. Information for trainers is presented in the form of additional content in the targeted areas, hints and suggestions for effective utilization of the training understanding and knowledge base.

ALSO AVAILABLE:

Counseling the Aged: A Training Syllabus for Educators (with index). Mary L. Ganikos, Editor. $15.75 to APGA members; 18.75 nonmembers (Order #72136).

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